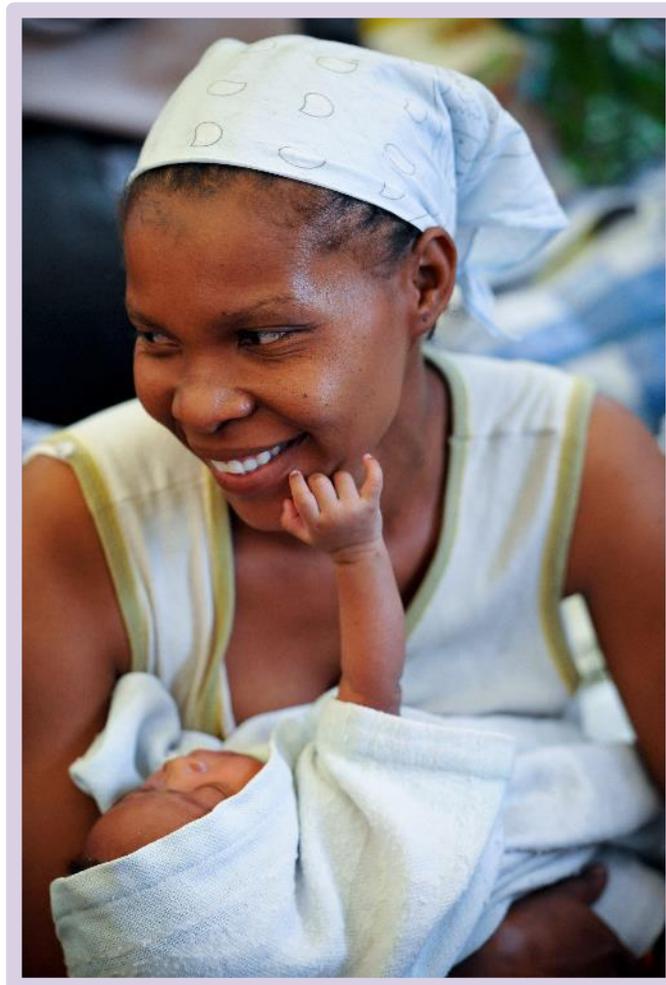




EVERY WOMAN
EVERY CHILD

***Consultations on updating the Global Strategy for
Women's, Children's and Adolescents' Health:***

**Round 2 – Feedback on the
Zero Draft of the Global Strategy**



12th June 2015

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ACRONYMS

Acronym	Full description
ART	<i>Academic, Research and Training institutions</i>
CAG	<i>Consultative Advisory Group</i>
D&F	<i>Donors and Foundations</i>
ENAP	<i>Every Newborn Action Plan</i>
GDP	<i>Gross Domestic Product</i>
HCPA	<i>Healthcare Professional Associations</i>
HIV/AIDS	<i>Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome</i>
HPV	<i>Human Papilloma Virus</i>
ICPD	<i>International Conference on Population and Development</i>
iERG	<i>Independent Expert Review Group</i>
IntNGO	<i>International Non-Governmental Organisation</i>
LAC	<i>Latin America and the Caribbean</i>
LGBTQI	<i>Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex</i>
MDG	<i>Millennium Development Goal</i>
NatNGO	<i>National Non-Governmental Organisation</i>
NCD	<i>Non-Communicable Disease</i>
RMNCAH	<i>Reproductive, Maternal, Newborn, Child and Adolescent Health</i>
SDG	<i>Sustainable Development Goal</i>
SRHR	<i>Sexual and Reproductive Health and Rights</i>
STI	<i>Sexually Transmitted Infection</i>
UHC	<i>Universal Health Coverage</i>
WASH	<i>Water, Sanitation and Hygiene</i>
WHA	<i>World Health Assembly</i>

EXECUTIVE SUMMARY

This report aims to synthesise the views of over 2,450 organisations and individuals (Appendix A), who provided feedback on the Zero Draft of the updated Strategy as part of a multifaceted consultation process to contribute to updating the Global Strategy for Women's, Children's and Adolescents' Health. The consultation process was coordinated by the Partnership for Maternal, Newborn & Child Health (the Partnership) at the request of the office of the United Nations Secretary General.

The Partnership would like to convey its thanks to the thousands of participants for their thoughtful and detailed inputs to this consultation process. Space and time limitations notwithstanding, it is hoped that most respondents will note some or all of their views reflected in this report and that, taken as a whole, the report does justice to the thoughtful and detailed remarks made. This synthesis report and an accompanying annex containing specific comments made on each section of the report will be submitted to the Global Strategy writing team and posted on the consultation web-hub (www.WomenChildrenPost2015.org).

Summary of main findings

There was an overwhelming wealth and depth of feedback. Many respondents felt the Strategy was *"very good and makes a strong case for promoting women and girls rights and well-being"* (Youth). The Zero Draft resonated with this global audience in a number of ways:

- It made a compelling case to update and expand the strategy;
- The new focus on adolescent health was endorsed;
- There was appreciation for the ambition to embed the Strategy in a human rights approach, and for the new focus on humanitarian settings and addressing inequities.

Whilst respondents were appreciative of the huge challenge in updating the Strategy and meeting the breadth of expectations, there were some serious omissions that seemed to roll back on the first strategy. These were considered vital to ensuring the Strategy is compelling and credible. The most critical gaps were sexual and reproductive health and rights (including abortion services), breastfeeding and women's health and gender equity amongst others (Appendix B presents a comprehensive list).

The consultation also identified important content and presentational elements to address:

- Better integration with the life-course throughout the strategy, clearer foundation in gender equality & rights;
- Fuller articulation of health systems strengthening and financing, actions to address needs in humanitarian and other challenging settings;
- Strengthened goals, targets, milestones and the accountability approach;
- Roles and responsibilities including creating space for the voice and participation of women, men, youth, communities and others.

In light of these findings, a number of recommendations are made:

- **The strategy will guide priorities for the future.** The consultation process suggests that the Strategy is valued as an important guide from a trusted, objective source and is used to determine what should be done at national and subnational levels, to support policy and programme decisions, to guide funding allocations, and to identify how to invest in monitoring and accountability processes. There is a risk that what is not in the Strategy, will not necessarily be considered a policy priority. Therefore, while the Strategy was appreciated for its ambition to be rights-based, in order to hit the right note with a wide audience, it should aim to incorporate the life course approach in a way that (i) recognises that problems at one stage of life may have been made worse through neglect at an earlier stage or that could have been prevented or mitigated through intervention earlier in the life-course; and (ii) ensures all major life-saving, life-enhancing interventions are included, but particularly comprehensive sexual and reproductive health and rights, (including abortion and comprehensive sexuality education), maternal and women's health, stillbirth, breastfeeding as part of a broader nutrition agenda, integration of NCDs and RMNCAH services and mental health. It should reference the critical elements of health systems strengthening and financing, especially financial protection systems, and policies like reaching the marginalised and poorest.
- **An unfinished agenda with new challenges.** Despite much progress, the MDG agenda is unfinished. The updated Strategy is an important opportunity to create a bridge between the unfinished MDG agenda and the new, broader SDGs. The Strategy should thus aim to build on the previous one, beginning with clear lessons learned, the critical interventions for women, adolescents and children, the building blocks of health systems strengthening, the fundamentals of health

financing and – despite the intention to develop a comprehensive plan later – the outline of the accountability mechanism showing what is state of the art and what is new or additional. It should also reference the major processes and platforms that are driving women’s and children’s health including FP2020, A Promise Renewed, the Commission on Life Saving Commodities, ENAP (Every Newborn Action Plan), and others and reflect the intergovernmental reviews of the ICPD and Beijing Agenda.

- **#Adapt: Adolescents not yet sufficiently in the fold.** The health needs of adolescents, their specific circumstances and point in the lifecycle, as well as the cultural, economic and legal barriers they often experience, should be addressed in a more structured and up-front way, separately from women. The Strategy should refer broadly to the range of adolescent needs (including those of adolescent boys) beyond health services that are vital to health and well-being including preventative services, education, skills, employment, mental health, harm reduction, social skills and gender awareness. It should also be clear about where the data and evidence falls short of what’s needed and identify how to fill the gap. Consider re-ordering the Strategy title to read: “The Global Strategy for Women, Adolescents and Children”.
- **Make this a Strategy For All.** The Strategy should ensure it clearly and explicitly addresses the needs of all people and communities including people living with disabilities, refugees, migrants, the urban poor, lesbian, gay, bi-sexual, transgender, queer and intersex (LGBTQI), the very poorest and those affected by humanitarian disasters and conflict. The integration of adolescent boys will strengthen the Strategy and an amplification of the voices of people, including men and women will build depth. The Strategy should reflect the all-important role of governments, parliament, national action and citizen engagement. If it is a people-centred movement that is needed, how will it happen? And what are the roles and responsibilities of communities, civil society, health service professionals, academics, the media, parliament, the whole of government, the judiciary?
- **Health systems strengthening, financing and universal health coverage.** The strategy should identify and showcase the important elements of health systems strengthening, guiding investments and delivery including, as a priority: Human resources for health; The availability, logistics and management of lifesaving commodities; Investment in reliable, open and transparent data generation; The vital importance of universal health coverage and critical financing issues including financial protection especially for the poorest; Reference the concept of

building on what exists in countries, the continuing importance of the Abuja targets, the Paris Declaration, the Busan accord and other major financing, aid, development and policy commitments.

- **Language and presentation in the Strategy.** There are some presentational, editorial and style adjustments that would increase the clarity and reach of the Strategy including: Use country examples with great care; Pay close attention to language (weed out jargon, define terms, consider adding a lexicon); Scrutinise the graphics for clarity and reconsider those in the Transformative Actions section; Consider incorporating the voices of people into the Strategy.
- **Implementation: Strategy goals & targets, Accountability, and a Roadshow.** Articulate goals, targets and milestones even at a high level. The Strategy should include a basic accountability structure anticipating how it will fit with the accountability and monitoring arrangements of the SDGs and other relevant platforms including the Global Fund for AIDS, TB and Malaria, Gavi, the Global Financing Facility and others.

1. INTRODUCTION

1.1 Background, Purpose and Approach

The *Global Strategy for Women's and Children's Health* was launched in September 2010 by the UN Secretary-General to bring together a broad range of partners from different sectors and constituencies in a global effort to improve women's and children's survival and health. The *Global Strategy* is currently being updated for the post-2015 era to align with new evidence and better reflect the changing political landscape and global agenda set out in the Sustainable Development Goals (SDGs). The updated *Strategy* has been extended to include adolescents and will be launched in September 2015.¹

A Zero Draft of the updated *Global Strategy for Women's, Children's and Adolescents' Health* was released on 5th May 2015 for public review.² Partners and stakeholders were invited to comment on the Zero Draft in a wide ranging consultation process convened by the Partnership for Maternal, Newborn & Child Health (the Partnership) in its capacity as co-lead of the advocacy workstream for the Global Strategy process.

The principal objective of the consultation was to canvass and synthesise views on the Zero Draft of the updated Global Strategy for Women's, Children's and Adolescents' Health (referred to as the Strategy), building accountability, and strengthening responsiveness to the views of partners. The Strategy will be an important roadmap for the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) community over the coming fifteen years.

The Partnership would like to convey its thanks to the thousands of participants for their thoughtful and comprehensive inputs to this consultation process. Space and time limitations notwithstanding, it is hoped that most respondents will note that some or all of their views have been reflected in this report and that, taken as a whole, the report does justice to the thoughtful and detailed remarks made.

This report aims to synthesise this feedback and incorporates the views of over 2,450 individuals and organisations.³ Views were sought from a full range of Partnership

¹ More information about Every Woman Every Child, the Global Strategy development process and its links to the Sustainable Development Goals can be found on the Every Woman Every Child website here:

<http://www.everywomaneverychild.org/global-strategy-2/consultation-process>

² Available at http://www.everywomaneverychild.org/images/Global-Strategy_Zero-Draft_FINAL_5-May-2015_A.pdf

³ The total includes 390 survey submissions and 2,066 participants from 29 consultation events, citizen's hearings and statements from organisations.

members, global health partners, countries, and other stakeholders.⁴ A Consultative Advisory Group (CAG) drawn from the Partnership constituency groups was formed to oversee this wide-ranging consultation.⁵ Their mandate was to review and approve the synthesis report, guide and support the process of engaging Partnership members, and to facilitate information sharing and consensus-building among the constituencies.

A web-based consultation hub was established (www.WomenChildrenPost2015.org) as a platform to host a survey, share information, and support dialogue and discussion through social media about the update to the Global Strategy more generally. Views were collected in several ways, including an online consultation survey (in English, French and Spanish and also available offline), through several country-based and regional meetings and partner-hosted events, citizen hearings and direct submissions to the CAG or the Partnership Secretariat (Appendix A provides full details of all consultation events and Appendix D includes the consultation survey).⁶

1.2 The consultation process

The wide-ranging and richly textured feedback received was, by necessity, synthesised in this report with the aim of ensuring that the most important (commonly raised) comments clearly surfaced. However, there was a wealth of material received, much of which was too detailed or specific to be included in the main body of the report; a compendium of this feedback will be presented to the writing team and available online alongside this report. The majority of respondents found the open feedback process to be useful and a good way of building the consultation process. When asked, nearly 80% of respondents replying to this question in the online survey agreed (scoring 8 or more, with 10 representing full agreement) that open feedback was valuable and effective saying they “*greatly*

⁴ The seven constituencies that bring together PMNCH members are governments, donors and foundations, non-governmental organisations, healthcare professional associations, academic, research and training institutions, private sector partners, and multilaterals. The Consultative Advisory Group (CAG) was formed to support the Global Financing Facility (GFF) consultations in 2014 and has continued on from that.

⁵ Although the government constituency was unable to participate in the CAG given the time limitations, a wide range of countries participated in this consultation in a range of ways including through focused engagement, regional consultations (e.g. Various targeted meetings at the World Health Assembly and the Africa Regional Stakeholder Consultations in Johannesburg, as well as a variety of Citizen’s Hearings. Appendix A give full details).

⁶ Views from country governments and country based NGOs were given the most weight. See the web hub for shared comments: www.womenchildrenpost2015.org

appreciate the consultative process undertaken to date, and especially the working groups and public online access for providing inputs" (Multilateral).⁷

1.3 Outline of the Report

This report organises the feedback into three sections: (i) Overarching comments about the document as a whole; (ii) Comments on specific chapters of the Zero Draft; and (iii) Recommendations for the next draft. Throughout the report, quotations from respondents have been used where appropriate and helpful, with the constituency group provided in brackets after the quote.⁸

2. OVERARCHING FEEDBACK

This section presents the overarching feedback provided by respondents, who were given the opportunity to make general comments on the whole draft before entering into the more detailed section-by-section comments. The wealth of comments have been synthesised into a number of thematic points.

2.1 Overarching messages about the Zero Draft

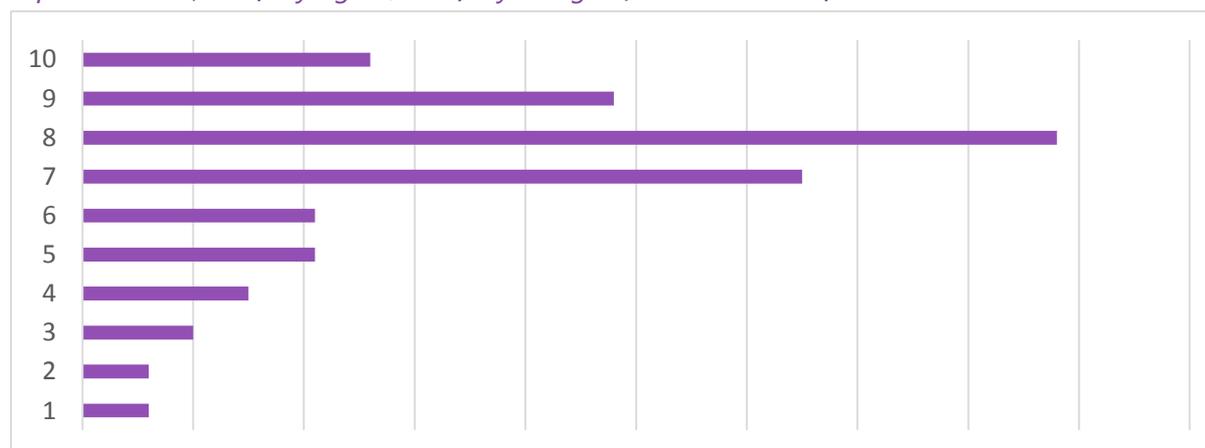
The Zero Draft resonated well with many readers. It makes a compelling case and the response generally has been to confirm that an updated Global Strategy is important and worthwhile. The strength of the feedback was overwhelming with over 2,450 people and organisations participating in the consultation process, often providing highly detailed points with supporting evidence (Appendix A). This level of engagement in the consultation was a further indication of the Strategy's value for a wide range of partners. Respondents commented that the draft was "*grounded in a strong evidence base*" (International NGO) and is structured in a way that "*makes it easy to understand the significant events around the promotion of Women, Children and Adolescent Health, in the past 15 years*" (Youth).

When asked to what extent the Zero Draft met their expectations, the average score was 7.2/10, with the spread of responses showing a mix of opinion (Figure 2.1).

⁷ An interesting observation was that on the whole, people were less confident that the feedback would be used or even that the previous feedback had been incorporated into the Zero Draft. One respondent suggested that the material developed through the working papers process could be better used and the "*richness of key earlier inputs [should] be more adequately reflected*" (Multilateral).

⁸ Whilst contributions were received in English, French and Spanish, all quotations have been translated into English for ease of reading.

Figure 2.1: Overall, to what extent does the zero draft of the Global Strategy meet your expectations? (10 =fully agree; 1 = fully disagree). Distribution of scores



Some felt that the orientation of the Zero Draft was still “hazy” and that, “It is not exactly clear what the document intends to achieve” (Youth). Some questioned “Who is the audience”? (Multilateral) while others thought it was too high level to the point where “it’s hard to figure out concretely what should be done to achieve the goals” (Private sector). The absence of goals, targets and milestones led respondents to suggest that, “The document might better be characterized (and titled) as a ‘vision’ rather than a strategy” (Multilateral). Others however, suggested that the overall document was “very good and makes a strong case for promoting women and girls rights and well-being” (Youth), but that it leans towards being “dense” and relying on “jargon-filled language” (Private sector).

2.2 Lessons learned, unfinished business & ambition for the future

Respondents provided considerable feedback about their view that the Strategy should clearly “link the updated strategy to the unfinished business of MDGs 4, 5 and 6” (Multilateral) and make “direct reference to the lessons learned” (Donors and Foundations, D&F) in both the Millennium Development Goals (MDGs) and the first Global Strategy. The updated Strategy should build continuity with the past therefore, and should be clearer about successes including, for example, HIV prevention and treatment. Gaps and areas which remain unfinished need to be clearly stated. The Strategy should then be “more ambitious” and articulate its ambitions more concretely “with goals, targets and milestones if possible” or “targeted investments” (Private sector). It may be helpful too, to explain why a new strategy is needed. As one respondent said, “Overall, there needs to be greater discussion of how [the Strategy] will be rolled out and its operational framework” (Private sector). Some respondents felt that earlier drafts had “provided a more compelling picture of the

needs and challenges confronting [women and girls]" (Multilateral), but there was a feeling that in this draft "concepts are more fully defined and refined" (D&F).

2.3 Tether the Strategy more concretely to a life-course approach

There was a well-developed, coherent and far-reaching string of comments emerging from the consultation around the importance of tethering the strategy much more comprehensively to a life-course approach. There were strong reasons offered for better articulating the life-course. For example, addressing problems in one stage of life prevents them becoming bigger and more challenging (expensive and harder to treat) later on; the life-course enables women to be viewed as rounded people, ("*full citizens of the world*" (Academic, Research and Training institutions, ART)), not just mothers; and, adolescents can be seen more holistically as well, conceptually connected to their adult futures. The point is linked to the idea of reaching for the full expression of SDG 3: achieving health and well-being. The approach would also enable a much more coherent integration of non-communicable diseases (NCDs), their common risk factors, mental health and nutrition (see also Section 3.1 below).

2.4 #Adapt: Addressing the needs of Adolescents

The inclusion and increased visibility of adolescents was clearly welcomed, but there were a large number of comments about the need to be more ambitious, to create a stronger argument and narrative about the inclusion of adolescents, and to set out how adolescent needs can be met (separately from women's needs as although there is overlap, they differ). Specific opportunities for this are identified throughout this report (especially in Section 3), but the main message from a large number of respondents was the need to make adolescent interventions about more than survival and, to infuse the "transform" activities with real actions, objectives and outcomes related to adolescents. On the other hand, some respondents thought that the whole way adolescents are addressed in the Strategy could be adapted, as it might be "*more powerful to apply a life-course approach that sees adolescence as a fulcrum for the entire strategy - since investments in the health and human rights of girls focused during adolescence can ensure they emerge as healthy and empowered women*" (Multilateral). A steady flow of comments referenced the idea that adolescents are boys as well as girls, so it would be important to clarify what the specific needs of boys are and how those needs will be addressed too. Many respondents pointed out that currently, the lack of data disaggregated by age and sex adds to the challenge of understanding and addressing adolescent needs.

2.5 Critical omissions

There were some omissions that were raised so often or presented with such cast-iron evidence that there is a strong sense arising from the comments that the strategy cannot be compelling, credible and considered to be the landmark document that it needs to be without them. The most critical gaps are mentioned throughout this report. They are also summarised in Box 3.3, picked up again in the recommendations in Section 4, and are listed comprehensively in Appendix B. However, it is worth mentioning three critical gaps upfront because they are seen to be so important to the overall quality of the strategy and have formed a strong, linked voice through the sheer volume of feedback:

- **Comprehensive sexual and reproductive health and rights (SRHR)** should be presented as the centrifugal core and “bedrock” (International Non-Governmental Organisation, IntNGO) of women’s, adolescents’ and children’s health, set out in a comprehensive way (“*be bold and courageous*” (National Non-Governmental Organisation, NatNGO)). Respondents noted the ‘silence’ of the Zero Draft on SRHR “*despite the ample global political momentum and expert reviews and recommendations identifying this as a priority...and the formation of a working group...dedicated to SRHR*” (Multilateral). In particular, a large number of readers commented on the failure to embrace upfront, and clearly and concretely state the inclusion of **abortion services**, including safe abortion, the management of unsafe abortion and post abortion care, linking this to the policy, rights and global platforms that are already in place to protect and promote access to essential SRHR services. This is important not just in itself and because abortion is a life-saving, evidenced intervention, but also because “*to launch an updated strategy without including access to safe abortion and post abortion care as an evidence-based maternal health intervention, undermines the significant advancements made by a number of countries to include safe abortion and post abortion care within their continuum of care*” (IntNGO).
- **Breastfeeding:** Although respondents thought that nutrition should be integrated with health all the way through the Strategy, the central importance of breastfeeding should be prioritised and highlighted across the Strategy as one of WHO's most important recommendations for infant and child health. A significant number of respondents were so “*shocked and dismayed*” (Healthcare Professional Association, HCPA) about the absence of breastfeeding in the Strategy, they submitted comprehensive comments

about the evidence and existing policy platform for breastfeeding showing how it could be integrated right through the document without extending the length. One 35-year-old infant-feeding network said they were *“deeply concerned about the total lack of any reference to breastfeeding as a cornerstone of children’s survival, health and development and maternal health or the need for its protection and support”* (IBFAN, representing 273 groups in 168 countries), while another respondent said that the *“lack of mentioning breastfeeding promotion, protection and support will spell disaster to the already stretched thin programs that ...depend on this document to reinforce their funding requests”* (NatNGO).

- **Women’s health and gender equality:** The Strategy will be an important opportunity to articulate the needs and rights of women and girls. To deliver this, the Strategy should ensure that women emerge as well rounded individuals with comprehensive needs through the lifecycle. For example, to *“claim that the health of women is key to the health of mothers and children, but have no milestones for women’s empowerment or women’s health”* (Private sector) is a limitation. As participants in one consultation event said, *“women have health needs outside of their reproductive lives”* (Cervical Cancer Action (CCA) Event) and *“gender equality is not given adequate attention”* (NatNGO). Where gender equality is mentioned, (for example, on page 7 in the text box next to women’s health challenges which ends with the sentence *‘The vision of gender equality...’*), it should be clear that *“gender equality is not only a vision, it is a human rights prerogative and an obligation towards whose achievement all states have to work”* (IntNGO). One suggestion was *“a stronger emphasis on women and girls’ empowerment: in economic, educational, and political empowerment”* (IntNGO) through the Strategy.

2.6 Comprehensive integration of human rights

The aim of the draft to be embedded in human rights was clear to respondents. There was a sense that it should be more explicit about ensuring systematic reference *“to all rights inclusive of gender and rights and equality”* (IntNGO). In addition, for countries working out how to build health systems, it will be very important to ensure the recommendations of international human rights mechanisms are set out *“as a key source for country analysis and national policy dialogue, based on which national strategies on women, children and adolescent’s health should be built”* (Multilateral). For many respondents, an important role of the Strategy is to ensure methodical, accurate, comprehensive referencing to the full

range of human rights obligations, commitments and recommendations. This is seen both as an important function of the strategy and a vital part of supporting countries in designing national strategies to ensure they *"will be rights and gender-based"* (Multilateral). Across the response to the consultation, it was clear that if it is not included in the strategy, it is less likely to be included in policies and programmes.

2.7 Women, men & communities: A people-centred movement

While the Strategy needs to have the 'scaffolding' that supports a rights-based, evidence-based structure with comprehensive service delivery standards, it somehow also needs to create space for the voice of civil society and communities, and especially for women themselves, young people, health workers and men as well. The Strategy aims to be a 'people-centred movement' – an approach that was valued in the feedback – but in practice the Strategy is not clear on what this means and how this will happen. Some ideas included *"strengthening civil society"* (ART), *"create channels to lead the way to transformation" of society"* (NatNGO), *"involve youth at all levels"* (Youth), incorporate the *"human factor"* (NatNGO), and capture *"the patient voice"* (IntNGO). Another frequent reflection was that the voice and role of men should be amplified alongside that of women and that the Strategy should aim to make the case for women's, adolescents' and children's health as something all of society can support and work towards.

2.8 Not every setting (yet)

The Strategy's ambition to reach every setting was well received. Respondents were keen to amplify this theme to ensure a full range of settings was covered, including: (i) urban areas (slums, informal settlements, peri-urban settings, the homeless); (ii) the full range of people on the move, including forced and other migrants, refugees, internally displaced people, and those in informal and formal camps; (iii) the hardest to reach in these groups and others, such as those in rural or remote areas, but also (iv) the hardest to reach in plain sight, including persons with disabilities, women and girls with restricted movement outside the home, and the very poorest or most marginalized communities. The full range of settings should be elaborated in the strategy alongside a clearer articulation of lessons and strategies around how to reach out with milestones in order to encourage and promote efforts across all countries to contribute to this complex ambition.

2.9 Systems, financing and accountability need full iteration

Some respondents thought that the framing of the strategy, while engrossing and visually appealing, missed some essential elements. For example, the role of health systems strengthening was *"insufficiently addressed"*, requiring *"a stronger focus on financing"* (Private sector) and the draft *"pays inadequate attention to the systems that deliver programmes"* (IntNGO). While these missing elements are raised throughout this report in their relevant sections, they can be summarized as:

- Health systems strengthening;
- Lessons learned and the evidence about what works;
- The vital contribution of commodities and systems to deliver them;
- The pivotal role of human resources for health;
- A comprehensive approach to financing for health, including integrating the economic returns to investing in women and children, current and future financing approaches, financing systems, universal health coverage and financial protection for the poorest; and
- The basics of the accountability process.

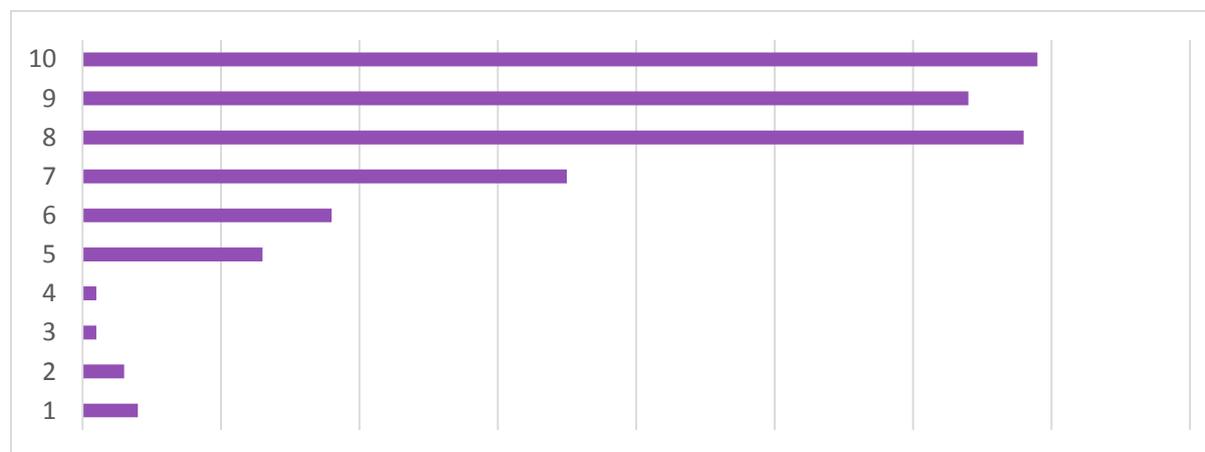
3. COMMENTS ON EACH SECTION OF THE ZERO DRAFT

3.1 Section I: Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity

The first section of the Zero Draft, which introduces the Strategy, generally received positive feedback. Many respondents appreciated the attempt to capture the recent history of growing political commitment to women's and children's health. Yet some respondents also felt that the section could do more to introduce the major themes of the updated Strategy, including the life-course approach, the evidence about life saving interventions for women, children and adolescents, and the reasons behind the extension of the strategy to adolescents.

Respondents said that the context, past success and opportunities for the future set out in this first section made a compelling case for updating the Global Strategy for the post-2015 era. On a scale of 1 to 10 (10 being full agreement), the mean score was relatively high at 8.2, and very few returned scores of 5 or lower (7%), suggesting there was broad agreement with the main thrust of this section (Figure 3.1).

Figure 3.1: The context, past success, and opportunities for the future set out in this section make a compelling case for updating the Global Strategy for the post-2015 era (10 =fully agree; 1 = fully disagree). Distribution of scores



Respondents' comments supported this positive message. For example, one respondent found the narrative *"informative, balanced and concise"* (Private sector). Some parts of the text met particular approval. The idea that the 'updated Strategy is founded on human rights and equity' was especially welcomed and respondents *"strongly agreed with the...statement [appreciating] how it references the potential for 'healthy people' and frames the updated Strategy on human rights and equity"* (IntNGO).

However, despite a number of supportive comments along these lines, several important approaches were identified as to how this section could have greater impact. For example, many respondents felt that the newer themes of the Strategy should be introduced up front and that the justification for having an updated Strategy was weakened by not referencing some of the main departures from the first Global Strategy among which, the most important were:

- **Life-course approach:** The absence of a strong life-course approach surfaced again in relation to Section I, with some respondents surprised not to find the approach set out early on. Is there *"scope to be even more explicit about an intergenerational agenda – that is one of the main new understandings about why investments in adolescent health are important"* (ART).
- **Adolescent health: "What about the youth?"** (Youth). Given that adolescents have been added to the name of the Strategy, several respondents felt that there ought to be an explanation or at least *"...make reference to the need to invest in adolescent health as an additional way of accelerating progress for women's and children's health overall. This would provide a good entry point for the inclusion of adolescent health in the sections*

that follow" (Youth). Section I was considered the natural place to *"summarize the important inclusion of adolescents in the agenda"* (INGO).

- **Progression from 'Survive' to 'Thrive and Transform':** Respondents were generally very positive about the increased ambition of the draft in its aim to reach beyond mortality reduction. They also felt that this should be stated more firmly in Section I and much more up front, probably in the context of supporting SDG 3 in its ambition to promote 'health and well-being'. The subtle references in the first and last paragraphs of the section left some respondents feeling that *"the progression in strategy from reducing mortality to the promotion of healthy, productive and long life is not made"* (ART).

The discussion of progress towards the MDGs struck a positive chord with respondents, many of whom felt it should be used to make a stronger statement about the need to address *unfinished business*. There were strong feelings that health systems strengthening and access to basic health commodities should be acknowledged as major on-going elements of the former Global Strategy agenda, and *"Generally, the articulation of remaining gaps and problems could be strengthened, such as the unfinished business in health systems strengthening"* (IntNGO). Respondents also sought more specific detail on the 'lessons learned' and 'new evidence' on which the Global Strategy is based: *"I want to see a clear indication of what we've learned about what's worked during the MDG era"* (Taskforce on Women and NCDs/ CCA consultation).

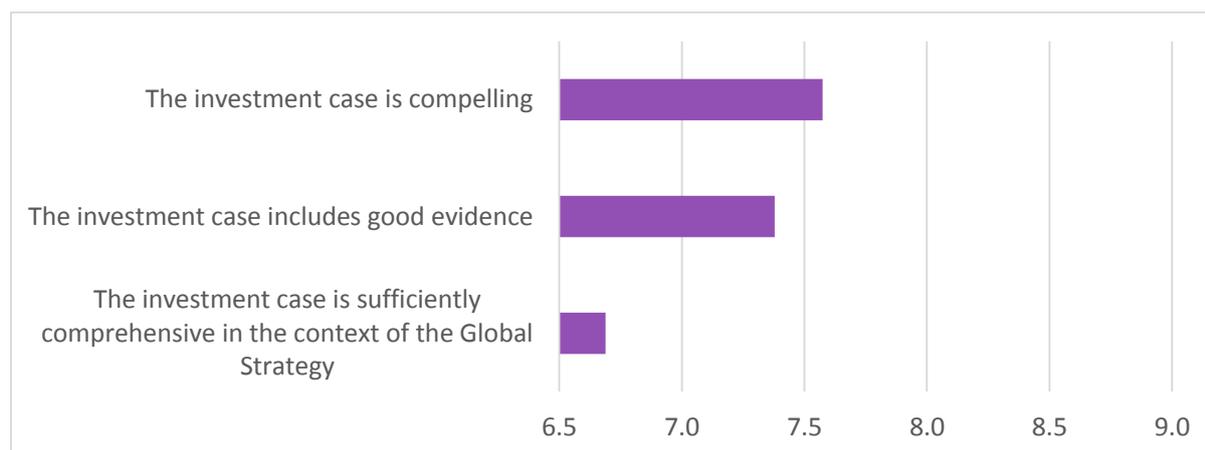
Another common theme was a desire for greater clarity and explanation about the idea of being 'a front runner platform for the SDGs agenda'. Several respondents requested *"an explanation of how the Global Strategy 2.0 will serve as the frontrunner platform for the implementation of the SDGs and continued linkage with SDG implementation"* (IntNGO), and noted that *"there is no information on how this will be achieved"* (IntNGO). Clarity over the statement in paragraph 4 page 3, that the Strategy sought to achieve a 'transformation', was also challenged. As one consultation submission put it: *"transform what?"* (NCD Taskforce consultation).

3.2 Section II: Big returns to investing in women's, children's and adolescents' health

This section attracted a diverse set of comments. On the one hand, respondents were enthusiastic to see the economic and investment case laid out, calling it *"compelling"* (D&F) and evidence-based (Figure 3.2). On the other hand, some thought this would be an important moment to outline how governments and donors, the private sector

and other partners could target their investments rather than *"just increase funding"* and do this in the context of a methodical strategy to ensure coverage of the most life-saving interventions and *"those with the highest return on investment"* (Partner Country).

Figure 3.2: Given the space limitations and the purpose of the document, to what extent do you think the investment case made is compelling and complete? (Mean scores; 10 = fully agree; 1 = fully disagree).



Respondents justified their views on the Strategy not being sufficiently comprehensive (Figure 3.2) by referring to limitations or themes they felt should be given more prominence. For example, one respondent suggested that in this Section of the Strategy, *"the phases of the life course are presented as isolated opportunities which may suggest a choice for an individual member state/ population in where to invest. The life course concept makes it clear that missed opportunities during one period (e.g. pre-conception) will lead to greater cost of a (possibly different) intervention later"* (ART). Indeed there were many remarks about the value of associating the investment case with the life-course approach, including that *"undernutrition during foetal life and early infancy increases the risk of 'overnutrition' later on in life"* (Multilateral).

Respondents thought the section could be introduced more succinctly, identifying that its main purpose was to illustrate the return on investment and the economics of women's, adolescents' and children's health. In this case, the first four subsections appear to address the 'primary' benefits (saving lives as defined in the section), while the fifth subsection is primarily a 'secondary' benefit, although some elements of the adolescent subsection address secondary benefits. The only secondary benefit illustrated in subsection 5 (Increased economic growth) was productivity, eclipsing the *"the urgent need for healthy women and children to develop an economy"* (Private sector).

Another group of comments referred to the opportunity this section presented to highlight the need for better data, disaggregated by sex, age group and wealth quintile. There were many comments on the five individual subsections of this section of the strategy. These are summarised here:

1. Saved lives, improved health

The presentation of ideas in this subsection attracted the same comment energetically presented from a large number of respondents:

- The absence of breastfeeding is *"huge and needs to be addressed"* (IntNGO);
- The way that contraception and care at birth are linked in this section is confusing and suggests that contraceptives *"should only be provided at birth"* rather than at all times. Given the limited space in Strategy, reference to core interventions should be carefully presented;
- A fairly generalised point that SRHR should be showcased in this section as a high return on investment package of services;
- The Copenhagen Consensus (2015) suggests that eliminating unmet need for modern contraception by 2040 as well as achieving universal access to SRHR by 2030 would deliver a return of US\$120 for every US\$1 spent.

2. Better nutrition, better health and productivity

This section should include a reference to water, sanitation and hygiene (WASH) alongside nutrition as they work in synergy with one another to promote health.⁹ In addition, for many respondents, this section is not complete without including breastfeeding and women's nutrition as *"there is nothing about the consequences of women's undernutrition except as it affects children"* (ART). Another observation raised several times was the importance of anaemia (in women, adolescent girls and children) as an underlying health problem that had direct economic consequences *"maternal nutrition is missing, especially anemia"* (IntNGO) and *"malaria control in pregnancy...one of the main contributors to anaemia"* (ART).

3. Early childhood development, high returns

The section is short on substance. It *"should include breastfeeding"* (HCPA) and other high return investments including the management of diarrhoea, pneumonia, vaccine

⁹ Velleman Y, Mason E, Graham W, Benova L, Chopra M, et al. (2014) From Joint Thinking to Joint Action: A Call to Action on Improving Water, Sanitation, and Hygiene for Maternal and Newborn Health. PLoS Med 11(12): e1001771. doi:10.1371/journal.pmed.1001771

preventable illnesses and others. The point about birth to five should rather be framed as conception to age five to take account of existing evidence. The main thrust should include the idea that *"investing in children's health is an investment in the social sustainability of a country and a generation"* (IntNGO).

4. Invest in Adolescents, huge demographic dividend

Some respondents suggested that the rights based arguments for investing in adolescents should be in the title and the potential for a demographic dividend should be moved into the list below. Readers also pointed out that *"we need adolescent data"* (NatNGO) for this section, which was the least evidenced. One respondent suggested that adolescents should also be mainstreamed through the other sub-sections in this chapter. Another said, *"Investments in adolescents are not just about improvements of health across the life course and the demographic dividend. The intergenerational context is important and it's not just about maternal nutrition – it is about other aspects of health and health risk including mental health..."* (ART). Another reader remarked that *"adolescents [are a] future opportunity rather than only beneficiaries of services. How would we nurture leaders for the future?"* (Private sector).

5. Increased economic growth, extensive social benefits

This subsection was thought to be a suitable part of the Strategy to point out the economic benefits of gender equality (for example, in relation to employment, wages, benefits). Respondents provided some additional evidence including around education for example, where *"10% more girls go to school a country's GDP increases by an average of 3%"* (NatNGO, unreferenced data).

In summary, the chapter could aim to incorporate:

- The cost effectiveness of quality health services, coverage, levels of care, essential and life-saving commodities;
- Most important *"new investments from an economic case perspective"* (Private sector);
- The greatest *risks* to the current investment case (for example, insecticide resistance, a roll back of abortion laws);
- The *"proposed targets of Abuja 15% of government budget, \$86 per capita, and 5% of GDP on health"* (IntNGO); and

- An explicit reference to Universal Health Coverage, *"how countries can equitably increase domestic health financing"* (IntNGO) linked to expanding financial risk protection for individuals and households.

One final set of comments pointed to the limitations or constraints of the *global* nature of the Strategy that probably apply across the document, but which stood out in this chapter. Several country and regional groups specifically mentioned that the economic case did not feel particular enough to their context. They pointed out the value of picking out regionally appropriate investment opportunities or priorities that are relevant to their area. These included, for example, investing in HIV/ AIDS prevention and treatment in Southern and Eastern Africa; in Latin America, *"addressing coercion against young girls and adolescents, and address prevention of gender based violence more generally"* (NatNGO) and *"teenage pregnancy"*; while in the Middle East, the *"most important determinant of health is war and conflict and the consequent death, disability, injury, mental health problems, displacement, refugee problems, internally displaced people."*

3.3 Section III: What is needed: Overcoming the challenges and defining clear goals

"This section is clear and concise. Strongly agree" (Multilateral).

On the whole, respondents agreed with the three challenges identified (health challenges for women, children, adolescents and environmental health; humanitarian and fragile settings; and reducing inequity), with the majority feeling these were all important priorities. Generally, the inclusion of graphics in this section was welcomed as they enabled the reader to easily grasp the multitude of messages presented. *"The challenges facing women, children and adolescents' health was excellently captured"* (NatNGO). In particular, the inclusion of adolescents was welcomed as being *"an important milestone for adolescent health!"* (Johannesburg Consultation event).

Whilst there was agreement with the overall themes, there was a real sense that this chapter was still failing to deliver its full potential, *"we need to do more and much, much better"* (Country Partner) and *"the section should press beyond the SDGs to the places where the SDGs are falling short and be more ambitious"* (IntNGO). Many respondents supported this idea that while the Strategy should be fully aligned with the SDGs, it should not be limited by them. In particular, there was a strong and clear message about critical intervention gaps in the presentation of challenges. Whilst a vast number of individual topics, issues and health challenges were mentioned, and respondents understood that the Strategy could not incorporate everything, they

nonetheless identified some gaps as essential to address (Box 3.3). Appendix B presents a more comprehensive list of the gaps mentioned by respondents across the whole of the consultation.

Box 3.3: A partial list of most often mentioned intervention gaps in the Zero Draft

- Comprehensive sexual and reproductive health and rights (SRHR) for all women and adolescents including lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI)
- Abortion *"Currently the strategy is silent on interventions for preventing unsafe abortion - a major killer of women in Africa" (ART)*
- Exclusive breastfeeding - *"Breastfeeding is an essential, lifesaving and cost effective strategy ... it should be explicitly included" (NatNGO)*, nutrition more generally especially the dual burden of under and over nutrition. Anaemia prevalent in women, girls and children and *"the evidence about lasting complex health outcomes is well established"*
- HIV and Prevention of Mother-to-Child Transmission, especially in adolescent girls
- Maternal care, management of newborns, prevention of stillbirths
- Gender-based violence and intimate partner violence
- Mental health for all people but especially among adolescents (boys and girls), among those affected by disasters and conflicts, and for a range of reasons in association with pregnancy and birth or stillbirth
- Harmful practices should specifically include female genital cutting, early and forced marriage, coercion of girls, forced labour, radicalisation of young people.
- Reproductive cancers prevention, detection and treatment, and other NCDs including heart disease, diabetes, gestational diabetes, respiratory illness, cancers in children and palliative care as well as a much more structured integration of NCDs into the RMNCAH service package
- Water, Sanitation and Hygiene, education, access to skills and the economy, gender equality

Health challenges for women, children and adolescents

Across the health challenges identified, the following messages clearly surfaced:

- Women's health needs to highlight the well-being of women holistically in order to capture their broader health needs, including nutrition, education, women's empowerment, access to the economy, health in older women,

diabetes, heart disease, infertility and other areas that are all critical for women's and adolescent girls' health.

- Whilst there was real enthusiasm for the inclusion of adolescent issues within the Strategy, *"there was a concern that adolescents in the zero draft seemed to be a bit of an afterthought"* (Johannesburg Consultation). Ensuring adolescents are at the centre of developing, implementing and monitoring policies and programmes was reiterated as being essential to the success of the strategy.
- The strategy should *"identify the root causes"* (Youth) of adolescent health challenges and the importance of creating and ensuring access to adolescent-friendly services was raised.
- There is no mention of adolescent boys or men; and yet, as readers pointed out, boys become men; engaging boys at a younger age is an important dimension of the Strategy. Not only would this approach help address genuine unmet needs of boys (including comprehensive sexuality education and care, mental health, social support, anger management, harm reduction, life skills and gender counselling), but as men these boys would more likely become champions and defenders of women and girls.
- The inclusion of environmental health challenges was very welcome, although there was concern that the accompanying text was too vague. Given the extraordinary importance of water and sanitation, hand-washing, exposure to toxins and poor air quality to health across all people, but especially for children and women, the text should be strengthened to make direct links between health and other sectors with more concrete evidence.
- The importance of how to strengthen and deliver services to prevent and meet these challenges was not thought to be adequately addressed in this section and respondents suggested that referencing health service strengthening, universal health coverage, human resources for health, community-based services and access to health promotion and preventative care would enhance the text further.

Humanitarian and fragile settings

The needs of people on the move more generally, such as forced migrants, voluntary migrants, refugees and internally displaced people, is not well addressed as, *"when you mention fragile conditions ... you should mention the migration process, an indeed fragile condition"* (ART). The theme should also include many other settings where vulnerable and marginalised people tend to be. For example, issues around

urbanisation should also be included, as it *"is not just demographic shift, but a major social change process for people. The Strategy misses the opportunity to address the urban poor who are a potential power engine for development"* (Consultation event) and yet often become invisible and hard to reach slum dwellers.

In addition to framing the idea of Every Setting more inclusively, respondents were also keen to see more about what exactly to do in these settings. The Strategy could be much more vocal, clear, and forthright about the needs of women, adolescents and children in these contexts. As raised in both this consultation and the previous one, these interventions include, as a minimum:

- The implementation of the Minimum Initial Service Package (MISP),¹⁰ a package of basic sexual and reproductive health services for women and girls in emergencies;
- HIV/STI (Sexually Transmitted Infection) diagnosis and treatment, contraception including emergency contraception, and access to safe abortion services;
- Access to counselling and a comprehensive package of SRHR services especially for survivors of sexual violence; and
- Dialogue with local authorities about safety and security of girls and women, including positioning water and sanitation facilities.

The recent agreement of the global Framework for Disaster Risk Reduction at the March 2015 Conference on Disaster Risk Reduction¹¹ already includes many (but not all) of these points and respondents hoped there would be a concrete link made between the Global Strategy and this framework.

Inequities within and across countries

Equity *"is not simply another consideration, it is a defining feature of the challenges and existing burden"* (IntNGO).

As one respondent suggested, *"Under the three challenges identified...poverty is missing"* (Youth). Overall, the presentation of inequities was seen as a somewhat mechanistic approach. Some respondents observed that currently there is a lack of recognition about inequities within regions and within countries and the current use of scarce space in the Strategy to present these issues is not optimised. For example, Figure 3 on page 9 implies the LAC region (Latin America and the Caribbean) is doing

¹⁰ <http://eeca.unfpa.org/topics/emergencies-and-humanitarian-response>

¹¹ The Sendai Framework for Disaster Risk Reduction 2015-2030 agreed 18 March 2015. Framework available at: http://www.wcdrr.org/uploads/Sendai_Framework_for_Disaster_Risk_Reduction_2015-2030.pdf



very well but this hides huge variation and delivers the wrong message (especially for that particular region where health challenges really pivot on inequalities). Even as a general illustration, this figure is not fully illustrative as it excludes North Africa and the Middle East, the region that has seen the largest population movement in recent years as a result of conflict and political unrest. Given that the previous section identified humanitarian challenges for health outcomes, this is another missed opportunity. South East Asia, the Pacific, and Central Asia, as well as Central America are also left out of this graphic.

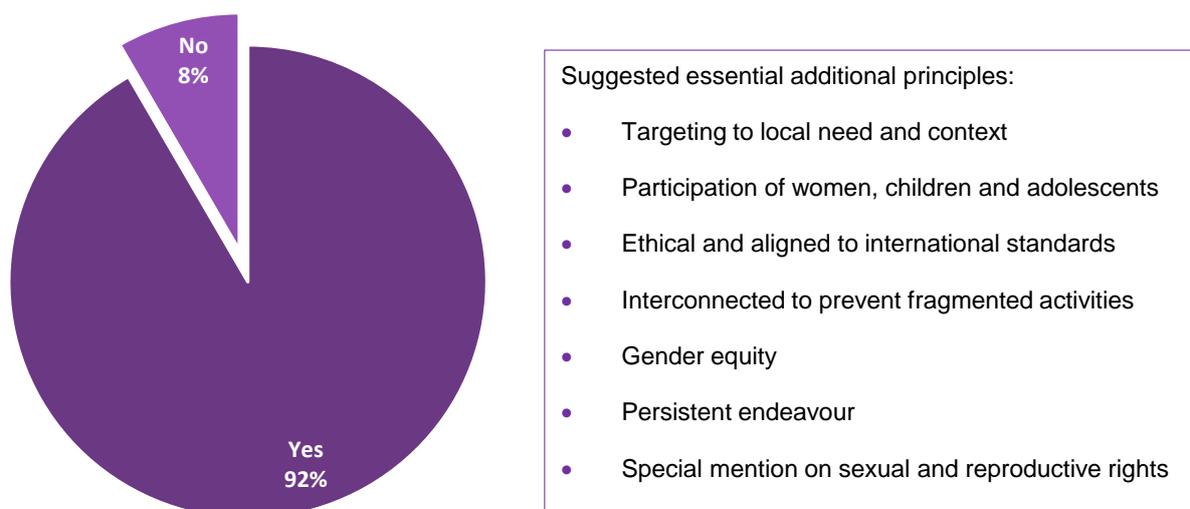
This section on inequity is considered to be “*very important*” (NatNGO), yet it focuses mainly on wealth inequalities where in fact, a broader range of socioeconomic determinants of health would be more relevant. This section could easily and quickly be broadened to incorporate the health outcome, access and service delivery disparities affecting different population groups, including for example, Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex (LGBTQI), persons with disabilities, urban/rural disparities, and differences traced to ethnicity, faith or other factors. Amongst these, for example, there is “*no mention at all of the most vulnerable group in our communities, the LGBTQI, [the Strategy] is silent on that*” (Youth). The barriers to access, drivers of health and challenges around coverage would also be useful to raise in this section.

Defining clearer goals

The ‘Survive, Thrive, Transform’ framework resonated with respondents. “*The pillars translate the very setting we need in order to enable women, children and adolescents to live, realise their potential and contribute towards development*” (Youth). However, the question was also raised as to the rationale for such a framework; “*the emphasis on Survive, Thrive and Transform actually artificially and ambiguously divides the comprehensive SDGs*” (D&F) and many respondents suggested it should be explained or, as mentioned already, introduced in the opening chapter of the Strategy. Additionally, respondents thought that the conceptualisation of Survive-Thrive-Transform as pillars rather than interdependent processes should be reviewed (and possibly reconfigured to be presented in a circular form).

Figure 3.3 shows the overwhelming agreement with the principles to determine the Strategy’s ambitious high-level targets. Respondents were asked for additional ideas and these are presented as well.

Figure 3.3: Are the principles presented to finalise the high-level targets the right ones?



Specifically, there was a call for SRHR, the centrality of human rights, and the role of adolescents all to be reflected more holistically throughout the three pillars. Furthermore, many felt that the targets linked to ‘Survive’ should be health focused, but the ‘Thrive’ and ‘Transform’ targets could and should adopt a multi-sectoral lens. Respondents wanted to see a full range of SDGs included in this framework, but with a clear rationale presented as to the extent to which each is a driver or bottleneck to achieving health and wellbeing.

Furthermore, the Strategy needs to get to grips with *“comorbidities and the barriers they present to effective treatment”*. By illustration of this complex but fundamental point, *“Poor health in one area frequently spills over into other fields, and this complicates treatments ... For instance, stigmatization and marginalization originating from SRHR issues may result in poor mental health due to deprivation of one's social support network, raising the risk of substance abuse, as adolescents [often] turn to alcohol (or even illicit drugs) as an alternate method of coping. This in turn increases the likelihood of engagement in reckless behaviours such as driving under the influence, impacting upon road safety. As part of the reprioritization process, we need to fixate on determinants that span multiple health areas to reap maximal benefits”* (ART).

3.4 Section IV: How to achieve the goals: Seven transformative actions

Respondents provided a range of feedback on the transformative actions, with a marked difference between constituency groups as to how clearly they could see their role in taking the Strategy forward, as well as the extent to which these actions

are seen to incorporate the critical challenges for the future (Figures 3.4 & 3.5). While many people considered the transformative actions to be “a strong guide to change” (Private sector), despite being broadly framed, the majority of respondents were concerned about the lack of substantive ambition and suggested “these are not actions” but rather “thematic areas” (Private sector). Several respondents suggested that without targets, milestones, objectives and goals, they are closer to aspirational statements than “a framework for action, including transformation” (IntNGO) and in their current form, the Actions were “overly general and conceptual, rather than more action-oriented and specific on concrete issues” (Multilateral). There were others who thought the statements risked being “platitudes since there is no meaningful way of resourcing, evaluating and holding accountable those responsible in many country and global settings” (ART).

Figure 3.4: I/ my organisation can clearly see how I/ we will contribute to delivering this framework and these actions (10=fully agree, 1=fully disagree). Mean scores

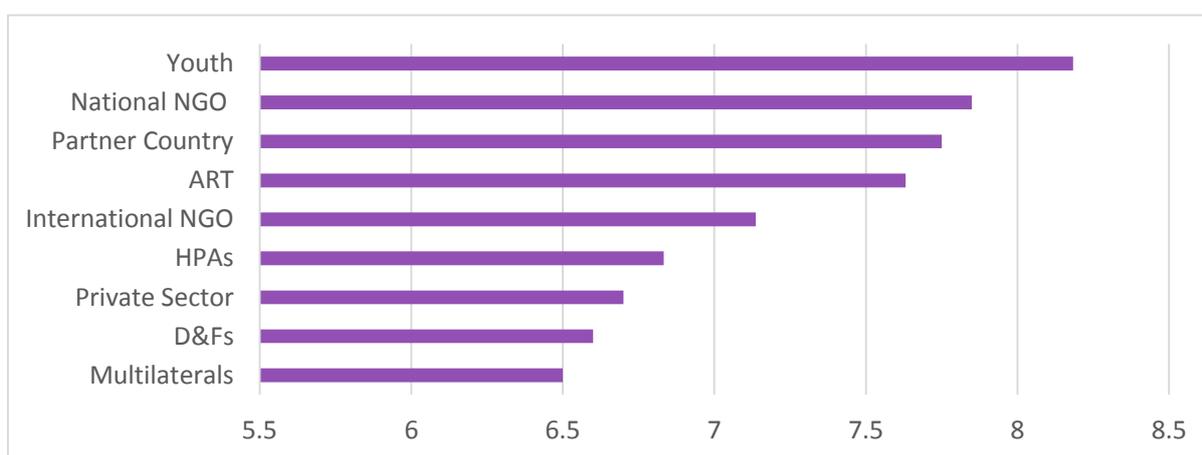
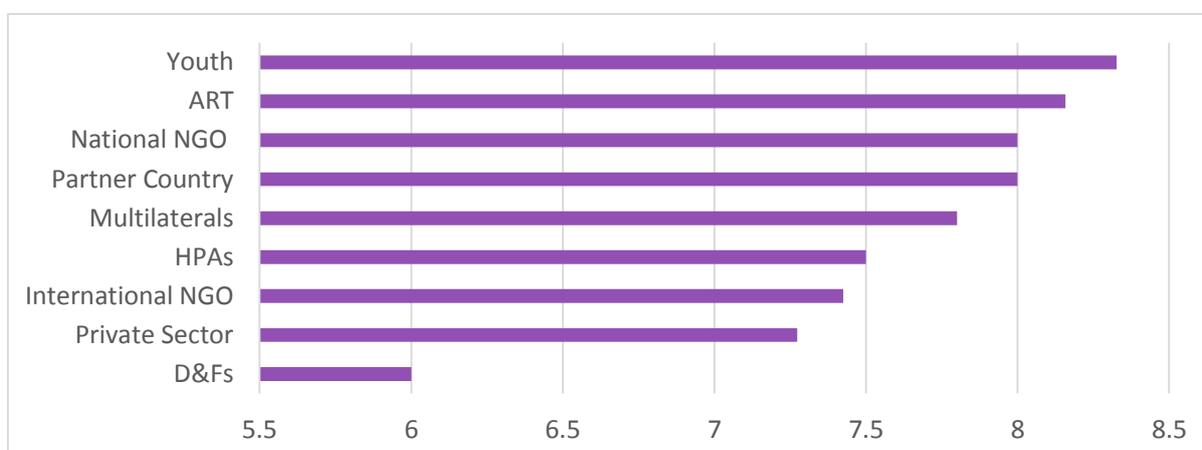


Figure 3.5: These seven transformative actions incorporate the critical challenges for the future (by constituent) (10= fully agree 1= fully disagree). Mean scores



For a number of readers, the origin and framing of the Transformative Actions were difficult to understand. One reader pointed out that there were seven targets under

'Transform' in the previous section, but these were *"not aligned to these seven transformative actions and it was confusing"* (IntNGO). Whatever their origin, many respondents thought this section should be more carefully defined, more rigorously referenced and stronger, deeper in its structure. For example, *"Clarify what is meant by 'human rights and equity'"* (ART); go beyond *"lofty words"* (IntNGO); and rethink *"vague"* concepts (NatNGO). For another, the Transformative Actions offered the chance to *"Simplify, harmonize and consolidate to make the movement crisp and clear and hence much more powerful and 'communicable'"* (D&F).

Following on from the idea of building on what already exists, one respondent suggested that it may be useful to adapt the Family Planning 2020 Rights and Empowerment Principles to suit a wider audience. These are already *"established principles and include agency and autonomy, availability, access, quality, empowerment, equity, and accountability and others"* (IntNGO).

Generally, respondents expressed appreciation of the attempt to root the Strategy in a human rights and equity framework but many thought it needed further elaboration. For many *"gender inequality is not sufficiently covered and ...it should be integrated across all of the 7 transformative actions, but particularly in Action 1"* (Private sector). And another said, *"Although the focus on rights is clear, the need to progress toward greater sexual and reproductive rights is not – even reproductive rights ...come out strongly"* (D&F). Another suggested that human rights should be *"incorporated consistently and concretely throughout the seven transformative actions, providing examples for each section"* (Multilateral).

Other respondents felt that *"economic arguments are insufficiently addressed"* (Private sector) in the transformative actions and that *"the role of the private sector should be much more upfront"* (Private sector) throughout this section. The visibility of the private sector across the document was often considered sub-optimal and readers pointed out the critical role the private sector can play in driving up quality, strengthening logistics, and building innovation, and *"mentioning the private sector strongly opens the floor to dialogue and actions between all the parties"* (Private sector). Further, it was suggested that innovation should be embedded throughout the Strategy, for example to *"harness innovation approaches to reach, measure progress in and improve health outcomes for vulnerable populations"* (CAN-MNCH) although it is also important to define what is meant by innovation.

There were a large number of general and specific (editing) comments on the individual transformative actions, many of which were aimed at strengthening the language and deepening meaning. The main comments are synthesised below, while

detailed comments are included in the accompanying document – Annex: Specific Comments on the Zero Draft.

Action 1: Realize potential and expand opportunities

- *"Recognise the human rights and SRHR needs of women and adolescents. Social, economic and political context determines both the fulfilment and violation of rights"* (IntNGO).
- Some suggested there are too many initiatives and *"too many names for inter-related initiatives"* (D&F). Although the Social Pact resonated generally quite well, this respondent asked whether the Every Woman Every Child movement referred to in the Pact *"still exist[s] in this form"* now that adolescents are added? (D&F).
- *"Again, gender inequality is not sufficiently covered...and should be integrated especially in Action 1"* (Private sector).

Action 2: Gain and sustain progress through country leadership and resources

- This section was considered a good opportunity to introduce much stronger language on domestic financing, universal health coverage, the shift away from aid.
- *"Should include innovative means of financing to bridge the financing gap"* (IntNGO).
- *"Benefit the poorest, most marginalised and vulnerable groups first and should leave no one behind because of their age, sex, gender, disability, income, ethnicity, language, location or vulnerability to man-made or natural disasters and climate change"* (IntNGO).
- *"It is difficult to have a discussion of post-2015 without a stronger focus on financing"* (Multilateral). A financing focus could be elaborated further in this section. It would build on: (i) the link to poverty and poverty reduction (health as a contributor and result of development) elaborated earlier in the Strategy and (ii) the investment case and economics of health. The financing focus should then encompass: (iii) the costs of health and non-health investments and funding gaps (shifting figure 11 forward); (iv) Universal Health Coverage concepts and financial protection for all, especially the poorest; (v) financing approaches especially mechanisms to build larger domestic financing commitments (vi) and finally aid modalities, funding platforms and new 'beyond aid' approaches like results based financing, social investment bonds and so on that draw in and on a wider group of partners.

Action 3: Strengthen the resilience and effectiveness of health systems

This sub-section attracted a wide range of comments and for many respondents it was a central part of the Strategy, as it began to set out the priority interventions needed for women and children, with three main points made:

- Firstly, it does not adequately address health systems strengthening despite the title. As this sub-section is the main opportunity to set out the importance of health systems strengthening, it should be approached rigorously, drawing on the substantial existing guidelines and best practice¹² to show how outcomes for women, adolescents and children cannot be achieved without *“greater attention to the importance of routine health systems that engage trained health workers, including by engaging professional associations and supporting local systems such as improvement teams in health facilities”* (HCPA).

In fact the sub-section focuses more on essential health interventions, national plans and policies. But the WHO critical building blocks of health services systems are missing (service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance). In particular, essential commodities, supply chain and logistics, human resources for health, were often raised, for example, *“consider explicitly mentioning the importance of investing in strengthening the systems (procurement, distribution, information systems, regulatory functions) that support access to...medicines and other essential supplies. Without explicit mention of supply chain systems, it is all too easy to overlook this critical function of health systems”* (RHSC).

- Secondly, Figure 7 on page 16 – considered by many respondents as *“the core of the strategy’s deliverables”* (Multilateral) – is incomplete. Women and adolescents *“are fused together”* which seems *“contrary to the point about focusing on adolescents”* (ART), as well as leading to inaccuracies. Thus, the main opportunity to set out the really essential services that need to be available is in the wrong location, is confusing and is incomplete.

There were many comments about what is missing from this figure and some contributions to the consultation were only about the gaps, so important did it seem to respondents. For example, *“a plea”* to add under the pregnancy

¹² WHO (2007) “Everybody business: strengthening health systems to improve health outcomes : WHO’s framework for action”

column, *"safe and legal abortion and post-abortion contraception to the referral level and first level facility... awareness and referral for safe and legal abortion at community level"* (ART). The current table was considered *"very weak on interventions for children"* (IntNGO) and possibly not in line with best practice. Other omissions included breastfeeding, diarrhoea, pneumonia, acute malnutrition screening, the introduction of new vaccines.

- Thirdly, if this sub-section is to cover the full package of essential services, it should approach it more comprehensively. For example, many respondents raised the challenge of *"integration of basic services"* (NatNGO), including NCDs. As well as the need for *"Greater integration of multiple health care services can better serve and address the health care needs of women, adolescents and children"* (Multilateral). Finally, *"Reproductive health does not come out strongly at all and needs to be seen as a stronger investment in driving improved outcomes along the continuum of care"* (WHA high-level consultation event).

Action 4: Partner across sectors for health and sustainable development

- The Strategy should be embedded much more firmly into the overall context of the post-2015 agenda on ending extreme poverty.
- *"There could be a clear statement that RMNCAH is both a cause and an effect of poverty. Part of that context is characterizing how RMNCAH is associated with non-health activities – such as education, [WASH, gender equality] and infrastructure...This would be strong link to the overall Global Goals context"* (Multilateral).
- The concept of partnership *"should be broader than the usual "health in all policies" and should to include civil society and private sector, reflecting the Every Woman Every Child partnership model"* (IntNGO)
- The graphic (Figure 8, page 17) is not clearly understood in this sub-section and may not have the right title. Readers understand that it is trying to show synergy between health and non-health investments, but it does not show any relationship between 'progress' and 'improvements in women's and children's health'.

Action 5: Tackle inequities and fragilities across settings

- This sub-section should be very clear about the need to focus on benefitting the most marginalised and vulnerable groups. The aim should be to both

close coverage and access gaps while also strengthening systems and raising overall coverage.

- The graphic (Figure 9, page 18) needs more explanation, with some respondents suggested it oversimplified the approach needed.
- *"The bottlenecks to equitable coverage may not need just a programme for the poor, but better targeting of the needs of the poor within a universal [financing] approach"* (IntNGO).
- This sub-section should also consider how all actors can be engaged in tackling inequities and working in difficult settings. For example, the private sector and other non-state actors.
- One respondent suggested that it would *"strengthen the report even further if reference was made to marginalised and vulnerable populations within middle-income and high-income populations, as these people are especially overlooked given that they live in nations of high GDP ...Marginalization and fragility exist in many forms, and none should be overlooked by the Global Strategy."* (IntNGO)

Action 6: Accelerate progress with innovation, research and learning

- This sub-section could benefit from more and better examples. Bed nets are indeed an innovation of tremendous value but firstly, their value is threatened by insecticide resistance suggesting that innovation is not a one-off and, secondly, the innovation itself is not sufficient without the health systems (Action 3) to deliver and sustain them.
- During a consultation event with public and private sector partners interested in commodities, respondents suggested that Figure 10, page 19 was confusing and unclear about what it aims to communicate. Participants also suggested that the terms used in this section needed better definition (innovation, technology, accountability and so on).
- *"Ensure that new medicines, technologies and devices are safe, effective and appropriate for infants and children"* (HCPA)

Action 7: Amplify accountability with country-led & multi-stakeholder initiatives

- This sub-section was thought to be a good place to elaborate the *"importance of ensuring disaggregation of relevant targets by age and gender"* (HCPA).

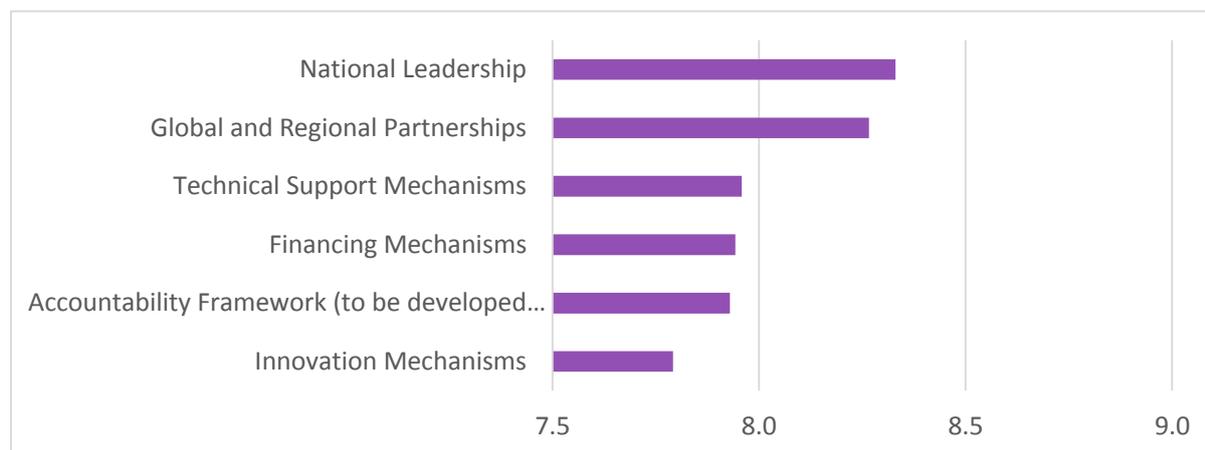
- The open data revolution has not happened yet. We have to ensure countries are in the lead and that health information systems promote, first, health systems strengthening.
- Global level citizens' dialogues at the World Health Assembly (WHA), held for the first time in 2015, should be a regular event to track implementation of the commitments made to the updated Global Strategy in line with the call for greater dialogue between citizens and governments from the iERG *"to hold the intergovernmental process accountable to the citizens of countries, and to facilitate and coordinate action by non-government actors"* (2014) (Report of the WHA Citizen Hearings).
- *"These national, district and community level hearings have created space for citizens to discuss RMNCAH issues with their government officials, including (i) priority areas for the SDGs, (ii) priorities for the updated Global Strategy, as well as (iii) pathways for citizen engagement in accountability mechanisms at both national and global levels."* (Citizen hearings coordinated by The Partnership's NGO constituency group in 25 countries).
- There is tremendous importance in nurturing *"a strong link between the civil society representatives and the parliamentarians for continuous dialogue"* (Citizen's Hearing Nigeria).
- Accountability needs to start with country ownership and country leadership backed by a strong engagement and oversight by parliamentarians, an accountability partner that is currently not foreseen in the Strategy.
- *"Be transparent, open, inclusive, and accountable by supporting and strengthening the role of civil society, representatives of the most vulnerable and marginalised communities and members of the public who have the right to hold their governments to account for delivering on their commitments"* (IntNGO).

3.5 Section V: We all have a role to play

Respondents identified this section in particular as needing clearer language and more tangible outcomes, *"lacks solid, measurable steps"* (Multilateral), as well as more detail on the required role of each actor because *"if they do not know how to take this [role] forward, they might not [do it]"* (Multilateral). There was a suggestion that this section could be framed as *"a call to action for key constituencies"* (D&F), which should include women themselves, their partners, their communities, health workers and governments.

Country ownership was suggested by many respondents as a vital ingredient to success as, *"Without country leadership, without country commitment, [how can] we achieve this"* (Consultation event). As shown in Figure 3.6 below, respondents thought fairly highly about the approach to building national leadership for the strategy as well as the framing for global and regional partnerships.

Figure 3.6: To what extent do you agree with the current approach, including the contents, framing and language used? (10 = fully agree; 1 = fully disagree). Mean scores



Community engagement, a people-centred approach, the all-important political will in governments, the concept of agency, the pivotal role of advocacy and the idea of data, civil registration and vital statistics (the right to a name; the right to a cause of death) were all grouped together in this concluding section. Many of these issues could be addressed earlier and many fit under the 'Transform' agenda, within the seven transformative actions. In particular, *"advocacy should get more attention because this is how we'll elevate political will and funding to implement the strategy"* (IntNGO); *"The role of communities needs to be more clearly described"* (Private sector); and the Strategy is currently *"silent on the role of the community as an important stakeholder"* (NatNGO) and should *"include a call for action for people all over the world who are not the policy makers"* (Youth). It *"reads somewhat passively - Language should empower women to influence change"* (NatNGO).

Several respondents identified the important role for Governments to *"create enabling environments for the private sector but ... also ...for the private sector to explicitly be part of the dialogue at an early stage. Missing this critical connection and entry point for business can be very detrimental to having everyone of board. Initiatives such as the UN Global Compact's Women's Empowerment Principles (a co-initiative of the UN Global Compact and UN Women) and the Children's Rights and Business Principles (co-developed by the UN Global Compact, UNICEF and Save the Children) provide this connection"* (Multilateral).



And, in thinking about roles and responsibilities, many readers were keen to see greater elaboration of these and to build a more tangible matrix of how different stakeholders and partners will get involved and move forward.

Elsewhere, there was less confidence in the approach to accountability and innovation (Figure 3.6). While it was clear to most readers that the accountability arrangements will be developed after the strategy is completed, many thought it was important (and relevant) to sketch out the basics of accountability – even just the principles – in this document. Not undertaking this was seen as being a missed opportunity. *“Business as usual is not enough. New innovative and creative partnerships are required to deliver for women and children. The global Strategy should set the parameters for these partnerships and the framework for them to function equally”* (IntNGO).

The need for new and different financing mechanisms was highlighted, with high expectations around the potential impact of the Global Financing Facility, which was also closely linked to the need to move towards stronger domestic resource mobilisation mechanisms. In general, there was a sense that the ‘operationalisation’ of the Global Strategy – the transition from page to practice, its implementation and the delivery of priorities – required further thought and consideration, not only in setting clear targets, but also in developing a clear accountability framework. Furthermore, many respondents identified sub-national level implementation as vital to success.

Overall, the idea that ‘we all have a role to play’ did strongly resonate with readers and could galvanise action. *“As much as we wait for governments to carry out work, we also have a role to play”* (tweet from youth).

4. CONCLUSIONS AND RECOMMENDATIONS

The Zero Draft consultation has reached a wide range of people and over 2,450 have commented on it. The feedback received was carefully thought out, with rich examples, and often precise in its detail. While overarching views ranged widely from strong support for the Strategy in its current form to a sense of “*disappointment*” and a belief that it could achieve much more, respondents were appreciative of the huge challenge that lay behind delivering such an important document. Most people realise that finding the right balance and framing to meet everyone’s expectations will be very difficult.

With that in mind, and taking a step back to think about the sum of the feedback, the recommendations offered below aim to guide the writing group to make sense of the complex canvass of feedback in a practical way and to help respond to it constructively given the tight timetable for delivering the next draft of the Strategy. By fully addressing these recommendations, the next draft of the Strategy would satisfy the most pressing comments of the majority of readers. In addition to the specific recommendations below, it is also suggested that it may be helpful to review the conclusions and recommendations of the Round 1 Consultation process as many of these still remain relevant (Appendix C).

4.1 The strategy will guide priorities for the future

The consultation process suggests that the Strategy is valued as an important guide from a trusted, objective source and is used to determine what should be done at national and subnational levels, to support policy and programme decisions, to guide funding allocations, and to identify how to invest in monitoring and accountability processes. There is a risk that what is not in the Strategy, will not necessarily be considered a policy priority. Therefore, while the Strategy was appreciated for its ambition to be rights-based, in order to hit the right note with a wide audience, it should aim to incorporate the life course approach in a way that (i) recognises that problems at one stage of life may have been made worse through neglect at an earlier stage or that could have been prevented or mitigated through intervention earlier in the life-course especially around children and young people; and (ii) ensures all major life-saving, life-enhancing interventions are included, but particularly comprehensive sexual and reproductive health and rights, (including abortion and comprehensive sexuality education), maternal and women’s health, stillbirth, breastfeeding as part of a broader nutrition agenda, integration of NCDs and RMNCAH services, and mental health. It should reference the critical elements

of health systems strengthening and financing, especially financial protection systems, and policies like reaching the marginalised and poorest.

4.2. An unfinished agenda with new challenges

Despite much progress, the MDG agenda is unfinished. The updated Strategy is an important opportunity to create a bridge between the unfinished MDG agenda and the new, broader SDGs. But it should do this explicitly. Currently, there seems to be an assumption that everything in the first strategy is *implied* in the updated version. But that idea is not clear and in practice, this Strategy will supersede and fully replace the last one. With that in mind, it is vital that this updated strategy does not take the basics for granted (for example, the material on page 7 of the current strategy).¹³ It should aim to set out the lessons learned, the critical interventions for women, adolescents and children, the building blocks of health systems strengthening, the fundamentals of health financing and – despite the intention to develop a comprehensive plan later – the outline of the accountability mechanism showing what is state of the art and what is new or additional. It should also reference the major processes and platforms that are driving women’s and children’s health including FP2020, A Promise Renewed, the Commission on Life Saving Commodities, ENAP (Every Newborn Action Plan), and others.

4.3 #Adapt: Adolescents not yet sufficiently in the fold

The treatment of adolescents in the Strategy has been reviewed elsewhere in this report. The health needs of adolescents, their specific circumstances and point in the lifecycle, as well as the cultural barriers they often experience, should be addressed in the Strategy in a more structured and up-front way, separately from women. Why are adolescents included in the Strategy? What are their specific needs as they become adults and how can they be supported to achieve health and well-being? The Strategy should refer broadly to the range of adolescent needs beyond health services that are vital to health and well-being including education, skills, employment, mental health, harm reduction, social skills and gender awareness. It should also be clear about where the data and evidence falls short of what’s needed and identify how to fill the gap. The Strategy should be explicit about including

¹³ Global Strategy for Women’s and Children’s Health (2010-2015) available at

http://www.everywomaneverychild.org/images/content/files/global_strategy/full/20100914_gswch_en.pdf

adolescent boys and explain why. As the first consultation process identified, incorporating adolescents is hugely welcomed and appreciated. Furthermore, the writing team should consider re-ordering the Strategy title to read: “The Global Strategy for Women, Adolescents and Children” to position the demographics in age-order and to better integrate adolescents.

4.5 Make this a Strategy For All

The Strategy should ensure it clearly and explicitly addresses the needs of all people and communities including people living with disabilities, refugees, migrants, the urban poor, lesbian, gay, bi-sexual, transgender, queer and intersex (LGBTQI), the very poorest and those affected by humanitarian disasters and conflict. The integration of adolescent boys will strengthen the Strategy and an amplification of the voices of people, including men and women will build reach.

At the same time, the Strategy should reflect the all-important role of governments, parliament, national action and citizen engagement. If it is a people-centred movement that is needed, how will it happen? And what are the roles and responsibilities of communities, civil society, health service professionals, academics, the media, parliament, the whole of government, the judiciary?

4.6 Health systems strengthening, Financing and Universal Health Coverage

The strategy should identify and showcase the important elements of health systems strengthening, guiding investments and delivery including, as a priority:

- Human resources for health
- The availability, logistics and management of lifesaving commodities
- Investment in reliable, open and transparent data generation and its use to support decentralised management of resources and operational decision-making
- Set out the vital importance of universal health coverage and critical financing issues including financial protection especially for the poorest
- Reference the concept of building on what exists in countries, the continuing importance of the Abuja targets, the Paris Declaration, the Busan accord and other major financing, aid, development and policy commitments

4.7 Language and presentation in the Strategy

There are some presentational, editorial and style adjustments that would increase the clarity and reach of the Strategy:

Use of country examples (there are currently several in the Zero Draft) can help build comprehension and make the Strategy more compelling. However, country examples are risky too and can date quickly. In addition, once the report starts setting out examples from countries, it becomes clear when regions are *not* the subject of any example throughout the text. Examples can thus have uncertain impact. They need to be carefully considered and balanced from a range of countries. Examples should be put into boxes rather than integrated into the main text as they sometimes appear quite randomly in the text and it is not always clear that the case study is entirely relevant or the best example of the point being illustrated.

The **language** used in the Strategy has to reach as many people as possible. It should be read carefully for plain English, to weed out jargon, and to ensure that terms are either self-evident or defined. Some of the language is difficult to understand for anyone not familiar with the technical area. A lexicon may be a useful addition in order to define what is meant in the Strategy by terms like 'adolescent', 'innovation', 'front-runner platform' 'equity'. Ensure also that agreed language is used throughout where relevant. For example, change relevant references to "Every Woman, Every Adolescent, Every Child". In addition, concepts like equity, inequity, and equality should be defined and used consistently.

The **graphics** create visual impact, give the Strategy an extra dimension, and help to reach a wider audience. Some of the graphics should be critically reviewed for clarity (in particular Figures 8 and 10). With space at a premium, every graphic needs to be crystal clear and delivering a priority message.

Incorporating the **voices of people** in the strategy, where possible, could strengthen the power and immediacy of the main ideas. By using short, oversized quotes or pull-out text with a photograph from women & adolescents, husbands & fathers, health workers or parliamentarians, to give more voice to people and to represent the communities the Strategy aims to support.

4.8 Implementation: Strategy goals & targets, Accountability, and a Roadshow

It would strengthen the Strategy significantly and bring it to life if it could articulate goals, targets and milestones. These can be quite high level with a view to building



detail later. But without these concrete objectives, the Strategy is more ‘vision’ or ‘aspiration’ than ‘policy instrument’. Although the full accountability arrangements will be developed and agreed later as part of the process of implementation, the Strategy would benefit from a clearer articulation of accountability mechanisms and approaches even in general form. This could focus on, for example, functions rather than specific instruments. It could clarify what accountability in the context of the Global Strategy is for and how it will fit with the accountability and monitoring arrangements of the SDGs and other platforms that support health including the Global Fund for AIDS TB and Malaria, Gavi - the Vaccine Alliance, the Global Financing Facility and others. The Strategy could set out an approach to:

- Measure progress within and between countries;
- Track resource commitments and expenditure;
- Support in-country accountability strengthening; and
- Identify lessons and guiding policy direction over the five years of the Strategy.

In the future, as the Strategy shifts to an implementation phase, it would be useful to consider developing a roadshow to build understanding, commitment and action around the ambition of what will be a foundation of collective engagement in the coming years.

APPENDIX A: LIST OF RESPONDENTS AND CONSULTATION EVENTS

A.1 Organisations¹⁴

- Abortion Rights Coalition of Canada (ARCC)
- Abortion-information (USPDA)
- Abt Associates
- Action Against Hunger (ACF)
- Action Canada for Sexual Health and Rights
- AFL
- AFP (Advance Family Planning)
- AfriYAN (African Youth and Adolescents Network) Namibia
- AIDS Accountability International
- Alianza Intersectorial Para Adolescentes Y Jovenes El Salvador
- Alive & Thrive
- Alliance of Solidarity for the Family (ASFF) – Seychelles
- ALRANZ (Abortion Law Reform Association, New Zealand)
- Amazing Grace Foundation
- AMCHSS (Achutha Menon Centre for Health Science Studies)
- American Academy of Pediatrics
- American Cancer Society
- American College of Cardiology
- American Diabetes Association
- Asia Safe Abortion Partnership
- Asian-Pacific Resource and Research Centre for Women (ARROW)
- ASSITEB-BIORIF
- Association for Improvements in the Maternity Services (AIMS) – Ireland
- Association for Young People's Health
- ASTRA Youth
- ATHENA
- AVAC (Global Advocacy for HIV Prevention)
- Baby Milk Action
- Balance AC – Mexico
- Bhartiya Mahila Evam Gramin Utthan Sansthan
- Bill & Melinda Gates Foundation
- Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health
- Breastfeeding Coalition of Solano County
- Canadian Network for Maternal, Newborn and Child Health
- Cancer Research UK
- CARE
- Catholics for Choice
- CDC (United States Centers for Disease Control and Prevention)
- Center for Health and Gender Equity (CHANGE)
- Center for Health Solutions and Innovations
- Center for Health, Human Rights and Development
- Center for Reproductive Rights

¹⁴ Members of these organisations submitted their views to the Global Strategy consultations via (i) the consultation survey (online or offline); (ii) partner-held consultations; or (iii) direct submission through the Global Strategy consultation team and PMNCH Secretariat.

- Center for Women Policy Studies
- Centre for the Study of Adolescence
- Chemonics International Inc
- CHETNA (Centre for Health Education, Training and Nutrition Awareness)
- CIES Salud Sexual Salud Reproductiva
- CIMSA (Center for Indonesian Medical Student's Activities)
- Communauté de Pratique: Health systems planning & budgeting
- Community Life – Bangladesh
- Concept Foundation
- Concern Worldwide
- CYI.Org (Centre for Youth Issues)
- Dandelion Kenya
- DDESER - Red por los Derechos Sexuales y Reproductivos en México
- Denmark, Permanent Mission to the UN
- Department for International Development, UK
- Department of Health & Environmental Control, South Carolina
- Department of Obstetrics & Gynaecology, MGIMS, Sewagram, Wardha, Maharashtra, India
- DSW (Deutsche Stiftung Weltbevölkerung)
- Educación, Clínica e Investigación en Sexualidad (ECIS) - Paraguay
- El Colegio de México
- Elizabeth Glaser Pediatric AIDS Foundation
- Empowered at Dusk Women's Association - Uganda
- Engender Health
- Equidad de Género, Ciudadanía, Trabajo y Familia - México
- Equipe de Base Warmis - Convergência das Culturas
- Espace Femmes International (EFI) – Switzerland
- Espolea, A.C.
- Ethiopian Center for Disability and Development
- Family Care International - Kenya
- Family Care International (FCI)
- Family Health Options Kenya
- Family Larsson-Rosenquist Foundation
- Federación de Planificación Familiar Estatal-Spain
- Federal Ministry for Economic Cooperation and Development of the Federal Republic of Germany
- Federation of African Medical Students' Associations (FAMSA)
- FHI 360
- FMM KIA Kota Semarang (Semarang Civil Society Mother and Childrend's Health) / Indonesian Nursing Assosiations
- Foundation for Leadership Initiative, Thailand
- Foundation People for Peace and Defense of Human Rights (Foundation PPDR) – Uganda
- Free Legal aid center for women
- Frontline Health Workers Coalition (FHWC)
- Future for Marginalised Community
- Futures Group/Health Policy Project, Malawi
- Futures Without Violence
- Gavi Alliance
- Generation Initiative for Women and Youth Network (GIWYN) - Nigeria
- GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit)

- Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)
- Global Breastfeeding Advocacy Initiative
- Global Doctors for Choice
- Global Youth Coalition Against Cancer (GYCC)
- Grounds for Health
- Grupo de Trabajo para la Reducción de Muertes Maternas-GTR
- Gynuity Health Projects
- Hacettepe University Women's Research and Implementation Center
- Handicap International
- Harvard Global Equity Initiative (HGEI)
- Hathaway Lactation
- Health Enabled
- Health Partners International
- Health Systems and Research Group
- Helen Keller International
- High-Level Task Force for the ICPD
- HIV/AIDS Prevention and Control office
- Human Milk Banking Association of North America
- Human Rights Global Strategy sub-workstream
- Indonesian Planned Parenthood Association (IPPA)
- INJAZ
- Institute of Community and Public Health, Birzeit University
- Instituto Politecnico Nacional
- International Alliance of Patients' Organisations
- International Baby Food Action Network (IBFAN)
- International Board Certified Lactation Consultants (IBCLC)
- International Campaign for Women's Right to Safe Abortion
- International Centre for Reproductive Health (ICRH)
- International Code Documentation Centre
- International Confederation of Midwives (ICM)
- International Consortium for Emergency Contraception
- International Federation of Gynecology and Obstetrics (FIGO)
- International Federation of Medical Students' Associations (IFMSA)
- International Lactation Consultants Association (ILCA)
- International Safe Motherhood and Reproductive Health (ISMRH)
- International Society for Social Pediatrics and Child Health (ISSOP)
- International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)
- IOGT International (International Organisation of Good Templars)
- Ipas
- Ipas Development Foundation
- IPE global private limited
- IPPF (International Planned Parenthood Federation)
- IRIS women Watch Group
- ISGlobal Barcelona Institute for Global Health
- Italian Society of Neonatology - SIN – Working Group of Essential Neonatal Care in Low Income countries
- Jaklen Muoi Tuyen Foundation (JMTF)
- Jhpiego

- JIREH International Foundation
- John Hopkins University
- John Snow Inc.
- Johnson and Johnson
- KIT Health
- KNCV TB Foundation
- La Leche League GB
- La Leche League International
- Lactation Consultants of great Britain
- Let Girls Lead/ Champions for Change
- Life for Mothers
- Likhaan Center for Women's Health, Inc.- Philippines
- Mahatma Gandhi Institute of Medical Sciences, Sewagram
- Management Science for Health (MSH)
- March of Dimes Foundation
- MARIA Fund – Mexico
- Marie Stopes International (MSI)
- Martin Health System
- Maternal & Child Survival Program
- Maternal Health Supplies Caucus, Reproductive Health Supplies Coalition
- MDG Health Alliance
- MDG Health Envoy
- Medical University
- Milk Matters Pty Ltd
- Ministerio de Salud Pública del Ecuador
- Ministerio de Salud y Protección Social, Colombia - Grupo sexualidad y Derechos
- Ministry of Foreign Affairs, The Netherlands
- Ministry of Health - reproductive Health Directorate, Malawi
- Monash University
- Mother Nurture
- Mother of Hope Cameroon
- Mothers' Milk Bank
- Mujer y Salud en Uruguay (MYSU)
- National Association of Young People Living with HIV
- National Council on Women's Health (United States)
- National Health Care for the Homeless Council
- National Health Service (England) breastfeeding peer supporter
- National Institute of Cancer in Mexico
- NCD Alliance
- NCD Child
- New Zealand College of Midwives
- Newborn Foundation
- NORAD
- North Dakota State University
- Novo Nordisk A/S
- Nur Center for Research and Policy, Shadman Lahore, Pakistan
- OBR Sofia
- One Million Community Health Workers Campaign (Earth Institute at Columbia University)
- ONG CAVOAH-CAM (Centre d'Accueil et de Volontariat pour Orphelins, Abandonnés et Handicapés du Cameroun)
- Orbis Africa
- Orchid Project
- Oslo University Hospital
- PAHO, Barbados and Eastern Caribbean Countries
- PAHO, Mexico

- PAI
- Partners in Population and Development
- PATH
- PATH Protection Options for Women Product Development Partnership
- Pathfinder International
- Pediatra y Salubrista de Costa Rica, América Central
- Petra Bender ten Hoop Consulting
- Philips
- Plan UK
- Planned parenthood federation of Nigeria - Youth Action Movement
- Population Matters
- Population Services International (PSI)
- PROFAMILIA Dominican Republic
- RAISE Health Initiative
- RDI -HIHT
- Realizing Global Health
- Reproductive Health Matters
- Reproductive Health Training Center – Moldova
- RESULTS UK
- ResultsinHealth
- RMNCH Strategy and Coordination Team for the UN Commission on Life-Saving Commodities
- RODA - Roditelj u akciji
- RSHC (Reproductive Health Supplies Coalition)
- RTI International
- Rutgers WPF
- Save the Children International
- Seattle University
- Secretaria de Salud, Honduras
- Sensoa: Flemish expertise centre for sexual health
- SERAC-Bangladesh
- Sex og Politikk – Norway
- Sexual and Reproductive Health and Rights Alliance
- SHCC (Safeguarding Health in Conflict Coalition)
- Sida
- Simavi
- Sociedade Paranaense de Pediatria
- SOS Femme et Enfant en Catastrophe (SOSFEC) – DRC
- Soul City
- South Group research institute
- Space Allies- Japan
- Stanford University
- Support for Integrated Health Care Initiative (SIHCI)
- Tanzania Rural Empowerment Organization-TAREO
- Terre des Jeunes du Burundi
- The Female Health Company
- The Wellbeing Foundation Africa
- TRANSNUT, WHO Collaborating Centre on Nutrition Changes and Development
- TREAT Asia/amfAR
- UAFC (Universal Access to Female Condoms)
- Uganda Network of Young People Living with HIV and AIDS
- Uganda Youth and Adolescents Health Forum (UYAHF)
- UN Foundation
- UN World Food Programme

- UNAIDS
- UNC Gillings School of Public Health, North Carolina, USA
- UNFPA
- UNICEF
- Union for International Cancer Control (UICC)
- United Nations Global Compact
- Universidad Abierta y Educación a Distancia, México
- Universidad Autónoma Metropolitana, Unidad Xochimilco
- Universidad de Guadalajara, México
- Universidad Nacional Autónoma de México
- University of Connecticut, CORE Group, Women and Health Task Force, WFPHA
- University of Melbourne
- University of Southampton and DOHaD Society
- University of Technology Sydney
- University of Washington
- University of West Florida
- UNSEO and MDG Health Alliance
- USAID
- Vanuatu College of Nursing Education
- WaterAid
- White Ribbon Alliance Global Champion
- WHO
- WISH Associates – South Africa
- WithoutViolence
- Woman-Child Health and Family Planning Research and Implementation Center – Turkey
- Women and Children First (UK)
- Women Deliver
- Women Deliver - Young Leaders
- Women Enabled International (WEI)
- Women for Women’s Human Rights- New Ways (WWHR) Association- Turkey Women on Waves
- Women on Web
- Women, Infants, and Children (WIC)
- Women’s Global Network for Reproductive Rights (WGNRR)
- Women’s Health Foundation
- Women’s Organization Network for Human Rights Advocacy
- World Heart Foundation
- World Vision Indonesia
- World Vision International
- World Vision US
- YouAct, European Youth Network on Sexual and Reproductive Rights
- Young African Feminists in Action
- Young and Well CRC
- Youth Champions Initiative (YCI)
- Youth Coalition for Sexual and Reproductive Rights
- Y-PEER (Youth Peer Education Network)

A.2 Consultation Events

Event	#
Advocacy Working Group Teleconsultation	15
Africa Regional Stakeholder Consultation (Civil Society pre-event meeting) -Johannesburg, RSA	60
Africa Regional Stakeholder Consultation (main event) - Johannesburg, RSA	248
Africa Regional Stakeholder Consultation (parliamentary pre-event) - Johannesburg, RSA	15
Africa Regional Stakeholder Consultation (private sector pre-event) - Johannesburg, RSA	30
Africa Regional Stakeholder Consultation (youth hangout with global leaders) - Johannesburg, RSA	8
Africa Regional Stakeholder Consultation (youth pre-event meeting) - Johannesburg, RSA	25
Africa San Conference - Dakar, Senegal	100
Asia Pacific Civil Society Forum on Sustainable Development - Bangkok, Thailand	30
Cervical Cancer Action / NCD Taskforce Teleconsultation	24
Girls' Globe Google Hangout "virtual" youth consultation	113
Global Dialogue Between Citizens and Governments on Accountability for MNCH - WHA	90
Global Financing Facility: A Concrete Step Towards Sustainable financing for women's health - WHA	200
Global Strategy for Women's, Children's and Adolescents' Health - WHA High-Level Event	100
High level Ministerial dinner Financing Innovation for Every woman Every child - WHA	25
High-level luncheon at Greentree - New digital media campaign, Every Woman Every Child is Me also launched by Every Woman Every Child	100
High-Level Roundtable on NCDs and Women, Children and Adolescent Health: A shared agenda - WHA	25
International Conference on Urban Health - Dhaka, Bangladesh	50
LAC Youth Network consultation	15
LAC Parliamentarians consultation - Peru	3
Lesotho Citizen's hearing	50
NCDs, Child Survival and the Sustainable Development Goals - WHA	60
Papua New Guinea Multistakeholder consultation - Port Moresby, Indonesia	40
Pre-WHA youth consultation on the WHO adolescent framework and Global Strategy - Geneva, Switzerland	25
Francophone Civil Societies working on health and vaccines, Regional Meeting -Dakar, Senegal	40
Strengthening maternal newborn care: bridging the continuum - WHA	100
Urban Health Conference pre-consultation - Dhaka, Bangladesh	16
WHA Country Feedback on the Global Strategy	30
Women and Health : 20 yrs of Beijing Declaration and platform for action - WHA	200

A.3 Demographics of Survey Respondents and Event Contributors

Figure A.1: Survey respondents by constituency and WHO region (n=390)

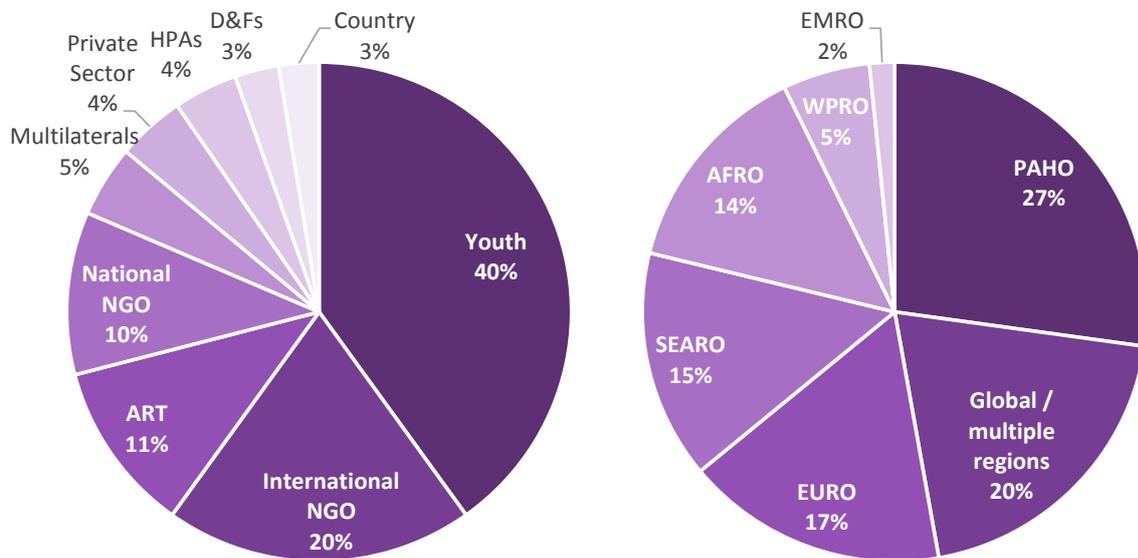
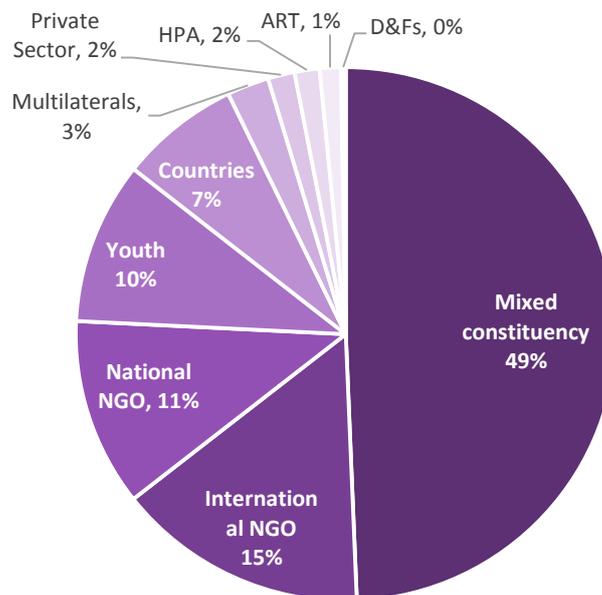


Figure A.2: Event participants and organisational responses by constituency (n=2,066)



APPENDIX B: LIST OF HEALTH INTERVENTIONS NOT INCLUDED IN THE ZERO DRAFT

This appendix lists any health interventions identified as missing by consultation participants in the responses to the consultation. The list is shown here for completeness. The list does not extend to broader topics around health systems strengthening, financing etc. It is a list of health and health related interventions.

- Access to safe abortion, management of unsafe abortion and post abortion care.
- Anaemia in children, women, adolescents
- Antenatal care
- Blindness and prevention of blindness
- Breastfeeding
- Broad range of family planning options (contraception)
- Cancer in children
- Care of newborns
- Contraception – diversity of products, emergency, SRHR
- Comprehensive Sexuality Education
- Disproportionate impact of open defecation and lack of menstrual supplies on women's and girls' health and safety, and thus the importance of toilets and sanitation to improving both
- Drug and alcohol abuse
- Education and skills
- Electricity, energy, lighting
- Emergency contraception
- Essential life-saving commodities (including, not limited to family planning)
- Female genital mutilation (FGM)
- Gender-based violence (GBV)
- Gender-based and sexual violence (abuse during pregnancy, and coercion especially sexual coercion of adolescents)
- HIV/AIDS and sexually transmitted infections (STIs)
- HPV (Human Papilloma Virus) vaccine for adolescents
- Injuries including road traffic injuries
- Introduction of new vaccines

- Malaria
- Maternal obstetric and post-natal care including emergency obstetric care
- Mental Health (suicide and several mental health issues for women and adolescents associated with sexual and reproductive health, sexuality and violence)
- NCDs generally including diabetes, cancer, respiratory and cardiovascular disease
- Obstetric fistula/ Obstetric Fistulae
- Overweight and high body mass
- Physical exercise, engagement in sport and other interventions to improve quality of life and reduce risk of NCDs
- Pre-conception care
- Preventing early marriage and delaying childbirth
- Prevention of disabilities
- Prioritizing education and nutrition for girls and women
- Health Promotion
- Rheumatic heart disease and cardiac illness
- Safe abortion
- Self-harming
- Sexual and family planning education that emphasizes prevention
- Stillbirths
- Tuberculosis
- Tobacco control
- Undernutrition including underweight, wasting, stunting
- Urban health
- Vaccinations generally, introduction of new vaccines, HPV vaccine
- Water, hygiene and sanitation
- Youth friendly preventative services (vaccination, outreach, screening, or school health)

APPENDIX C: ROUND 1 SYNTHESIS REPORT – PRIORITIES FOR THE GLOBAL STRATEGY

Executive Summary

This report has been developed to contribute to the process of updating the Global Strategy for Women's, Children's and Adolescents' Health, in advance of its launch in September 2015 alongside the new Sustainable Development Goals (SDGs). This report aims to synthesise the views of more than 4,550 organisations and individuals (Appendix A), who discussed and provided input through a wide-ranging consultation process, coordinated by the Partnership for Maternal, Newborn & Child Health (PMNCH) at the request of the office of the United Nations Secretary General.

PMNCH would like to convey its thanks to the thousands of participants for their thoughtful and comprehensive inputs to this consultation process. This report has been developed to provide a timely input into the first draft of the Global Strategy, expected for release in early May 2015. PMNCH will take a further round of consultations on the first draft of the Global Strategy during the month of May 2015 through the consultation web-hub: (www.WomenChildrenPost2015.org).

Summary of main findings

Overall, the findings confirmed much of what was already suspected, as well as the main evidence emerging from the preliminary consultation published in January 2015¹⁵. This report confirms that:

- There was strong support for an updated Global Strategy, often seen as synonymous with the Every Woman Every Child implementation platform, and high expectations that it will build on the previous Strategy, galvanise a sharpened sense of purpose and maintain global and national momentum for women, adolescents and children.
- The themes identified by the Global Strategy Working Groups resonate with this global audience.
- Equity must remain one of the principles of the updated Global Strategy. Indeed, there were very strongly expressed views across all consultation feedback about the value of women's and children's lives, their rights to services, equality, and dignity.

¹⁵ "Consultations on updating the Global Strategy: Preliminary Lessons Learned on the Global Strategy 2010-15", January 2015: http://www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/en/index1.html.

- The new focus on adolescent health, intersectoral working and humanitarian settings are widely appreciated and resoundingly endorsed.

A number of interesting issues arose across the consultation:

- The Strategy was seen as an important mechanism for building leadership and accountability at national, sub-national and global levels. There is an urgent call for the development of implementation tools and processes, especially in anticipation of the 'domestication' of the Global Strategy;
- There was some trepidation that hard won attention to neglected challenges (newborn lives, stillbirths, sexual and reproductive health and rights) might be put at risk depending on where both the Global Strategy and the larger global policy process around the SDGs land later in 2015;
- Respondents provided a clear endorsement for the Strategy to continue with and to amplify its poverty lens. There was an even stronger endorsement for the need to embrace the social and economic determinants of health challenges for women, adolescents and children, especially where these required simultaneous interaction of multiple sectors (for example, to address stunting or violence);
- There were mixed views about the extent to which the Strategy should focus on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) 'core business' as opposed to embracing whole-of-life issues. There was wide acknowledgement that the health challenges facing women and children were complex and increasingly extend beyond the RMNCAH core agenda;
- Financing for development and humanitarian assistance must be brought together in new ways. Each country needed to develop its own approach to building sustainable domestic financing to ensure universal coverage of basic services without causing financial hardship.

In light of these findings, a number of recommendations are made:

- **Balancing unfinished business and new challenges** – The Strategy will have an important role in ensuring that RMNCAH priorities continue to be at the centre of global and national health efforts, as well as safeguarding policy focus and financial resources on continuing priorities, including newborns and stillbirth, safe abortion and family planning, and maternal and child survival (unfinished business). However, the Strategy should also be clear about the complexities of health traditionally viewed as intersectoral challenges yet

which require a proactive health response: stunting (which requires health, environment, water, sanitation, hygiene, and nutritional gains to be addressed), gender-based violence and adolescent pregnancy are just three examples.

- **Future-proofing the Strategy** - The Strategy should take a life course approach and think broadly about context, trajectories, emerging science and up-coming challenges, such as reaching populations in urban slums, the growing burden of non-communicable diseases, aging populations and climate change. Currently, the global debate often seems to polarise the two sets of health challenges, placing diseases of poverty and non-communicable diseases in opposition to one another. The Strategy can make an important contribution to the process of bringing these two spheres together, reflecting the growing evidence about synergies between diseases of poverty and chronic health conditions, without detracting from either.
- **Enlarge the tent: Humanitarian situations** – Women, young people and children caught up in humanitarian situations and rapid onset and complex emergencies have acute needs including for services, protection and voice. For many, displacement and dislocation results in loss of security, dignity and autonomy, in addition to a range of practical problems. There are already agreed policy and programming approaches to minimum standards in humanitarian settings and the Global Strategy should reinforce these, setting out priorities for women, youth and children in emergency settings, and reminding governments and others of their rights and responsibilities to meet the minimum standards of care.
- **#Adapt: Meeting the needs of #Adolescents** – Adolescents have added a vibrant and energetic voice to this consultation, raising crucial issues about the legislative, cultural, systems and bureaucratic barriers faced in getting access to appropriate services. Young people need the same access to quality services including comprehensive sexuality education and appropriately delivered services. What emerges from this consultation is that shifting norms in order to genuinely meet the needs of adolescents will require adaptation of services and approaches on a larger scale. The Strategy can help guide countries and partners to meet that challenge.
- **Systems: Health care workers still the frontline challenge** – Fundamental health systems challenges remain around attracting, training, deploying, motivating, managing and retaining skilled, enthusiastic, committed, kind and

dedicated health workers. With their own needs and often loaded with carer responsibilities at home, female health workers have particular challenges themselves. Health workers are a critical driver of service quality; yet they remain the greatest challenge for health systems everywhere.

- **Financing, UHC and the Global Strategy** – The costs of saving the lives of family members creates huge financial burdens for households driving many millions into poverty every year and the numbers could increase as chronic disease burdens grow. Domestic and global financing systems, soundly and sustainably linked to universal health coverage (UHC), are vital elements to addressing and curbing this slow-motion emergency. The Global Strategy is well placed to demonstrate and promote the links between the needs of the poorest and most vulnerable people – often women and children – to the UHC agenda, drawing attention to promotive and preventative services that will have impact on well-being throughout the life course.
- **Information, monitoring and accountability** – The Strategy should be accompanied by sound proposals for a robust, integrated and aligned accountability framework that promotes streamlined and unified data collection at the country level, encourages comprehensive monitoring across the whole national health system and enables national and global commitments to women’s, adolescents’ and children’s health to be tracked and verified. Monitoring requirements (including indicators and associated targets) should strike the right balance between ensuring that country results are comparable to others at the global level, yet integral rather than additional to each country’s own health management information system and sub-national monitoring needs. As part of the overarching guidance to countries around domestication, the Strategy should provide an accompanying toolkit to support monitoring and accountability systems building and surveillance.
- **Research, evidence, knowledge and dissemination** – New evidence emerges constantly. The Global Strategy and its implementation platform can contribute to strengthening the ‘evidence – knowledge – policy – delivery’ continuum by building in concrete approaches to adjusting policy recommendations to changing knowledge and improved practices, and to support a continuous drive to keep focused on filling the health related knowledge gaps that prevent women, adolescents and children from reaching their potential.

APPENDIX D: CONSULTATION SURVEY

Online survey questions for this consultation are reproduced below for ease of reference:

This survey is organised in 3 sections:

1. *General comments* on the zero draft of the Global Strategy, which asks for your thoughts on the draft as a whole;
2. *Specific comments* on each section of the zero draft of the Global Strategy, which asks for your feedback on each chapter of the draft in turn; and
3. *Final comments* on the zero draft as a whole.

General comments on the Zero Draft of the Global Strategy

Q1. Please indicate the extent to which you agree with the following statements where 10 is complete agreement and 1 is complete disagreement.

Q1a Having read the zero draft of the Global Strategy, I feel that it is: (10 = fully agree; 1 = fully disagree)

Focused on the right priorities	-
Accurate	-
Inclusive	-
Evidence -based	-
Rights-based	-
Builds on lessons learned	-
Compelling	-
Ambitious enough to achieve its intended goals	-
Strategic	-
A good reflection of clearly articulated principles	-

Q1b In considering the consultation process for updating the Global Strategy, I feel: (10 = fully agree; 1 = fully disagree)

The zero draft Global Strategy is a fair reflection of the input provided through the round 1 synthesis report	-
Confident that my input during this consultation will impact on	-

the final draft of Global Strategy

Open consultations are an effective tool for gathering contributions and feedback

-

Q1c Overall, to what extent does the zero draft of the *Global Strategy* meet your expectations? (10 = fully met; 1 = not met at all)

Meet your expectations?

-

Q1d Please use this space to provide an explanation of your responses above. Please note, in the following questions in this survey, you can provide specific comments on each section of the zero draft Global Strategy.

[Click here to enter text.](#)

Specific comments on each section of the First Draft of the Global Strategy for Women's, Children's and Adolescents' Health

Section I - "Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity"

Q2a The context, past success, and opportunities for the future set out in this section make a compelling case for updating the Global Strategy for the post-2015 era (10 = fully agree; 1 = fully disagree)

A compelling case for the updated Global Strategy?

-

Q2b "Every Woman, Every Child and Adolescent, Everywhere: A Historic Journey and Opportunity": Please use this space to comment on any major omissions in this section or on statements you strongly agree/ disagree with.

[Click here to enter text.](#)

Section II - Big returns to investing in women's, children's and adolescents' health

3a Section II of the Global Strategy zero draft sets out the investment case for women's, children's and adolescents' health. Given the space limitations and the purpose of the document, to what extent do you think the investment case made is compelling and complete? (10 = fully agree; 1 = fully disagree)

The investment case is compelling	-
The investment case includes good evidence	-
The investment case is sufficiently comprehensive in the context of the Global Strategy	-

Q3b "Big returns to investing in women's, children's and adolescents' health": Please use this space to comment on any major omissions in this section or on statements you strongly agree/ disagree with.

[Click here to enter text.](#)

Section III - What is needed: Overcoming the challenges and defining clear goals

Q4a On balance, the three themes for the Global Strategy, "Survive, Thrive and Transform", together capture the breadth of activity and range of priorities in reproductive, maternal, newborn, child and adolescent health for the Post-2015 era (10 = fully agree; 1 = fully disagree)

"Survive, Thrive and Transform" are the right themes	-
The indicative targets are good examples of impact level results	-
The three challenges identified (health challenges, humanitarian settings, and equity) are the most important ones	-

Q4b In Section III of the zero draft, a number of principles are elaborated to guide the selection of targets (clear, concise and measurable, equity and human rights based, impact level etc). Are these the right principles for selecting targets?

Please select

Essential additional principles?

Q4c What is needed: Overcoming challenges and defining goals: Please use this space to comment on any major omissions in this section or statements you strongly agree/ disagree with.

[Click here to enter text.](#)

Section IV - How to achieve the goals: Seven transformative actions

Q5a Section IV of the draft Strategy elaborates the central role of a human rights based approach. It then sets out seven transformative actions needed including country leadership, health systems strengthening, innovation and tackling inequities.

After reading this section, I feel that: (10 = fully agree; 1 = fully disagree)

The focus on a human rights framework is justified and well elaborated -

I/ my organisation can clearly see how I/ we will contribute to delivering this framework and these actions -

The seven transformative actions incorporate the critical challenges for the future -

This section comprehensively addresses equity as an underlying and cross-cutting component of all actions -

Q5b For each of these seven transformative actions, I agree with its inclusion in/ approach taken to it by the Global Strategy (10= fully agree 1= fully disagree)

1. Realize potential and expand opportunity -

2. Gain and sustain progress through country leadership and resources -

3. Strengthen the resilience and effectiveness of health systems -

4. Partner across sectors for health and sustainable development -

5. Tackle inequities and fragilities across settings -

6. Accelerate progress with innovation, research and learning -

7. Amplify accountability with country-led data and multi-stakeholder initiatives -

Q5c The monitoring and accountability framework and processes will be developed once the draft of the strategy is completed. Thinking about these seven transformative actions, do you have ideas about how they should be monitored or tracked through an accountability process?

[Click here to enter text.](#)

Q5d Please look at the image of the "Social Compact for Every Woman, Child, and Adolescent, Everywhere" and answer the questions below.



EVERY WOMAN EVERY CHILD

I BELIEVE THAT EVERY WOMAN, CHILD AND ADOLESCENT, EVERYWHERE, SHOULD BE ABLE TO:

SURVIVE
End preventable deaths – maternal, newborn, still births, child and adolescent deaths

THRIVE
Realize their full potential—physically, mentally and socially, and their rights to sexual and reproductive health and the highest attainable standard of health

TRANSFORM
Drive a global people-centred movement for comprehensive change for women’s, children’s and adolescents’ health and sustainable development

REALIZE HUMAN RIGHTS, SECURITY AND DIGNITY

TO ACHIEVE THESE GOALS BY 2030, I AM PART OF THE EVERY WOMAN EVERY CHILD MOVEMENT TO:

1. Realize potential and expand opportunities
2. Gain and sustain progress through country leadership and resources
3. Strengthen the resilience and effectiveness of health systems
4. Partner across sectors for health and sustainable development
5. Tackle inequities and fragilities across settings
6. Accelerate progress with innovation, research and learning
7. Amplify accountability with country data and multistakeholder initiatives

PROMOTE HUMAN RIGHTS AND EQUITY

After reading the Social Compact, I believe it (10= fully agree, 1=fully disagree)

Includes the most important elements from the Global Strategy	-
Is clear and concise	-
Is a useful way of framing what is important in the Strategy	-

Q5e "How to achieve the goals: Seven transformative actions": Please use this space to comment on any major omissions in this section or on statements you strongly agree/ disagree with.

[Click here to enter text.](#)

Section V - We all have a role to play

Q6 Please indicate the extent to which you agree with the following statements where 10 is complete agreement and 1 is complete disagreement.

Q6a For each of the following aspects, as outlined in the "Role to Play" section, to what extent do you agree with the current approach, including the contents, framing and language used? (10 = fully agree; 1 = fully disagree)

National Leadership	-
Global and Regional Partnerships	-
Financing Mechanisms	-



Innovation Mechanisms -

Technical Support Mechanisms -

Accountability Framework (to be developed after the Global Strategy is published) -

Q6b: "We all have a role to play": Please use this space to comment on any major omissions in this section or on statements you strongly agree/ disagree with.

[Click here to enter text.](#)

Final comments on the zero draft

Q7a: After reading the zero draft of the Global Strategy, I felt that: (10 = fully agree; 1 = fully disagree)

The zero draft Global Strategy is clearly written -

The zero draft Global Strategy can be understood by a wide range of audiences -

The graphs and illustrations included were helpful and informative -

The length was too short -

The length was too long -

I could clearly see ways that I could help to achieve the Global Strategy goals -

The Global Strategy will be an effective instrument to help deliver the health SDGs -

The Global Strategy will support countries effectively in their efforts to build national implementation plans -

Q7b: Do you have any additional, general comments on the strategy, including its priorities, structure and approach?

[Click here to enter text.](#)